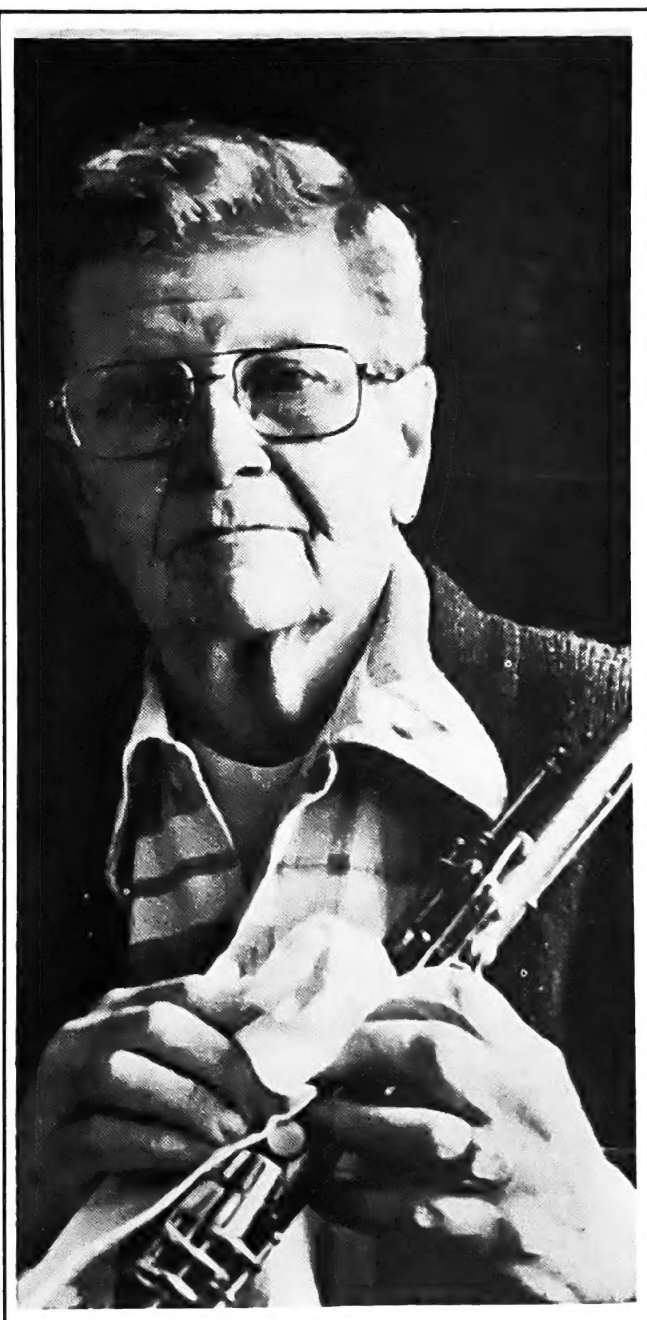


***Information for the
Female to Male
Cross Dresser
and
Transsexual***

**by
Lou Sullivan**



**Information for the
Female to Male
Cross Dresser
and
Transsexual**

**by
Lou Sullivan**

JANUARY 1991

TO FRANCIS —

Thanks for your
friendship!

Lou Sullivan

This book has been carefully prepared and reflects our commitment to providing assistance and information for transsexuals, their families, and their caregivers.

COVER PHOTO:

Big Band jazz saxophone and piano player Billy Lee Tipton died January 21, 1989 in Spokane, Washington, at the age of 74. His undertaker disclosed that Tipton was a female. Tipton began cross-living in the 1930s while in his 20s, married women three times and adopted three sons. It appears that not a single person knew his secret.

Third Edition
October 1990

It is our sincere hope this information is helpful to you. Ingersoll exists to support any individual who is struggling with questions of gender identity. If you would like to be placed on our mailing list, please drop us a post card to let us know. We can then inform you of new Ingersoll material as it becomes available. Thank you for your interest, and be proud of all you are doing to help yourself.

Copyright © 1990 by Lou Sullivan & Ingersoll Gender Center
Section titled "Leaving the Lesbian World" by Max Wolf Valerio

This book may not be reproduced in whole or in part,
by mimeograph or any other means, without permission.

For information contact: Ingersoll Gender Center

Table of Contents

INFORMATION FOR THE FEMALE-TO-MALE	
CROSSDRESSER AND TRANSSEXUAL	1
THE DIFFERENCE BETWEEN SEXUAL IDENTITY	
AND GENDER-ROLE PREFERENCE	7
CROSSDRESSING	8
WHAT IS TRANSSEXUALITY?	16
How Does a Transsexual Feel?	17
How Did It Happen?	24
Possible Biological Causes	25
Psychotherapy Treatment	29
HOW TO PASS	35
Clothing	36
Face	37
Shoe Sizes	38
Hair	40
Physiognomy	41
Body Language	43
Breast Binding	43
The Crotch	46
Your Voice	47
The Men's Room	50
SEX REASSIGNMENT	51
Hormone Therapy	53
Surgery	56
CHEST SURGERY	56
INTERNAL ORGANS:	59
GENITAL SURGERY - PHALLOPLASTY,	
GENITOPLASTY:	59
A WORD TO FAMILIES AND FRIENDS:	66
ACCEPTING THE NEW MAN IN YOUR LIFE	66
YOUR SEX LIFE — THOUGHTS TO CONSIDER	71
Leaving the Lesbian World	74

Female-to-Gay Male Transsexuals	78
TRANSSEXUALS AND CHILDREN	83
CONTACTS / REFERRALS	86
REFERENCES	88
Appendix A	91
READINGS	91
BIOGRAPHIES, FICTION AND NONFICTION:	91
EDUCATIONAL	97
ARTICLES	99
Appendix B	117
FILMS	117

Introduction

The unique issues and needs of the female-to-male transsexual and crossdresser have largely been ignored in the literature to date. In order to find information concerning the female-to-male one must plow through volumes of gender-oriented material directed to the male-to-female. When the female-to-male does find anything, it is likely to be a few vague sentences not relevant to his/her situation, especially if he/she is a transvestite or transsexual with non-textbook inclinations. Is it because the male-to-female is more visible, vocal and numerous that she is granted more notice in the medical world? Possibly.

Presently, an estimated 350-1,000 sex reassignment surgeries are performed in the United States annually. There are an estimated 10-15,000 transsexuals in the United States. In the early research and study of transsexualism, only 25% of the transsexuals coming to the attention of the medical world were female-to-males. The professional community now acknowledges that female-to-males make up 50% of the transsexuals who complete the total transition. However, even now, the female-to-male transvestite is said to be non-existent, perhaps because she is less visible and vocal, more closeted and guilt-ridden. This book has been compiled to give attention to the female-to-male lacking information on transvestism and transsexualism.

* * *

**INFORMATION FOR THE FEMALE-TO-MALE
CROSSDRESSER AND TRANSSEXUAL
3rd edition**

Ironically, the women's movement has assisted in the "coming out" of the female-to-male. In 1869, Elizabeth Cady Stanton (friend of Amelia Bloomer and Susan B. Anthony) wrote in the Women Suffrage Association newspaper, *The Revolution*, that she believed the day would come when the sexes would be dressed as nearly alike as possible. She mentioned how a young New York woman had travelled all over Europe and America in male attire and, thanks to it, had enjoyed a masculine independence and security. "When we have a voice in legislation, we shall dress as we please," wrote Stanton, "and if, by concealing our sex we find that we, too, can roam up and down the earth in safety, we shall keep our womanhood a profound secret."

Dress was such a topic at the first national women's rights convention in Worcester, MA, in 1850 that one commentator wrote: "It would hardly be outstripping facts to say that the husk and shell, so to speak, of every question now being raised for debate in America as between sex and sex belongs to the domain of the milliner and the tailor. What are the proper kinds of clothes for a free woman to fold about her limbs? Is the gown a final form of dress? Is the petticoat a badge of shame? Does a man owe nothing to his hat, his coat, his pantaloons, his boots? In short, can a female be considered an equal to a male until she has won the right to wear his garb?"

In 1886, long before "transsexualism" became a medical phenomenon, Dr. Richard von Krafft-Ebing wrote about female-to-males in his groundbreaking

Psychopathia Sexualis:: "The physical and psychical characteristics of inverted sexuality are so plentiful that a mistake cannot occur. Psychically they consider themselves to belong to the opposite sex. They act, walk, gesticulate and behave in every way exactly as if they were persons of the sex which they simulate. The entire mental existence is altered to correspond with the abnormal sexual instinct ... the form of the body approaches that which corresponds to the abnormal sexual instinct."

Through a greater awareness of themselves as sexual beings, many women have found the "man" within. Women of all ages are becoming aware of their "masculine" qualities and embracing these qualities as part of a well-rounded personality. The female-to-male is now more apt to accept him/herself — and her sexuality, in whatever form it manifests itself.

There are many ways in which a female may express "masculinity": women who may be sexually attracted to other women; women who may be turned on by men's underwear; women who may wear men's clothes after work or on weekends; women who are accepted as "one of the boys;" females who pass as men once in a while; or females who make the commitment to live the rest of their lives as a man. All of these are satisfying and acceptable ways of expressing what society calls "masculinity." The possibilities are endless.

Oftentimes women who have affectional or sexual preferences for other women have many questions

Ethel Kimball (born 1892) lived in Boston as James Hathaway and, after two year's courtship, married a woman who knew. "I wore men's clothes because I wanted to approach life's problems from a man's viewpoint."

and doubts concerning their own femininity. Even with the gay pride movement, there is little in society to convince a woman that she can live a happy life loving another woman. The media has not legitimized the relationships of women-loving women and, especially, in small towns and rural areas, such women are either completely invisible or “outside” of the mainstream of society. A young woman who is aware of her attraction to other women, but knows she is not “on the outside” or so unlike the rest of society, may find it extremely difficult to define her place in society, to shape a life for herself which encompasses her sexuality and need for affection. When a woman feels towards other women as a man is “supposed to” feel, she may



Though she never tried to pass as a man, Dr. Mary Edwards Walker (1832-1919) regularly wore men's clothes ... including top hat ... the last 52 years of her life. In 1865 she was awarded the Congressional Medal of Honor for meritorious service while a surgeon in the Union Army. Her first book, *Hit*, was dedicated “To the Practical Dress Reformers ... who have been so consistent in your ideas of the equality of the sexes, by dressing in a manner to fit you for the duties of a noble and useful life.” Two years before

her death, Walker was one of 911 who were stricken from the roll of Medal of Honor holders “because the occasion for its giving was not of record in the War Department archives,” but in 1977 the Army restored the medal to her — the only woman who ever won it. (*Photo by Wendell, Albany; New Yourk Public Library*)

wonder if she was meant to be a man, and she may wonder if pursuing the path of the female-to-male may help her find a happier place in society. Or, she may feel "detached" from her body and have a secret desire to be a man, and wonder if life would be better if only she could change.

These issues cannot be easily resolved and it is best to explore all available options. Exploration may involve moving to a more cosmopolitan city where people of differing lifestyles have formed supportive communities. In their search for information and support many female-to-males look to sexually and politically aware women and women's support groups. Most large cities have organizations where like-minded women can meet. (There are usually organizations for men as well.) It is best to talk with as many different women and men as possible. Through communication and networking, a better understanding and exposure to many differing lifestyles will be gained — a necessity for finding your special place.

Women's consciousness-raising in the 1970s helped educate people about sex-role playing and sex-role stereotypes. The 1980s saw a move toward the acceptance of the old "butch-femme" lesbian lifestyle and lesbianism in general. However, it is still true that

A Soquel, California firehouse bears the following plaque: "The first ballot by a woman in an American presidential election was cast on this site November 3, 1868 by Charlotte (Charley) Parkhurst who masqueraded as a man for much of her life. She was a stagecoach driver in the Mother Lode country during the Gold Rush days and shot and killed at least one bandit. In her late years she drove a stagecoach in this area. She died in 1879. Not until then was she found to be a woman. She is buried in Watsonville."

ERRATA

The second paragraph on page 5, just after the Stonewall sidebar, is incomplete in the printed copy of this book. The entire text of that paragraph is below:

For women who feel threatened a word of advice from a woman who wrote to the newspapers in 1897 in defense of a female-to-male crossdresser: "I do not know Miss B., but she is a woman, and I do not think it a woman's place to try to injure a sister because she does not happen to live just as we do; and if she wants to wear men's clothes and have sixteen pockets, it is none of our business."

female-to-males (even when still female) are often misunderstood and ostracized by many lesbians and other women. The change from female to male threatens the political ideology of many women and is often seen as a "betrayal of womankind," "selling out to the other side," — as though what is felt by a few could affect what rights women have gained. Women should realize that female-to-males are not a threat to womankind have not "sold out." Our perception of ourselves as men does not stem totally from social-role disharmony (see below: How Does a Transsexual Feel?). The female-to-male has many insights into the ways we as women and as men express ourselves physically and mentally.

The 1969 Stonewall Riots began when police attempted to arrest a crossdressed woman. She was in violation of the New York state law which required a person to wear at least three pieces of his or her "correct" gender's clothing. When she resisted arrest, other gay men and women in the bar protested, leading to the riot which inspired the birth of the gay liberation movement.

does not happen to live just as we do; and if she wants to wear men's clothes and have sixteen pockets, it is none of our business."

If you are considering the route of the female-to-male, don't let stereotypes or false assumptions cloud your vision. You'll want to be able to say that you've

In the late 1800s, Madame Dieulafoy discovered the ruins of the Temple of Darius, an accomplishment for which the French government decorated her with the Order of the Legion of Honor, and gave her the right to wear men's attire at all times.



been there, you've personally experienced each road, and you've selected the one best suited to you. This process will (and should) take years — but it's an important investment in the rest of your life. Avoid any hasty decisions. Don't miss out on something because you

In 1906, Vesta Tilley, known in London as "Algy," was the highest paid male impersonator, earning \$10 for each minute she occupied the stage in New York, singing vaudeville ditties entitled "The Piccadilly Johnny With the Little Glass Eye" and "Following in Father's Footsteps."



were afraid! A good therapist with experience in the gender identity field can be invaluable when you feel the need to talk about it. Communicating with other female-to-males, if only by telephone or mail, is imperative.

THE DIFFERENCE BETWEEN SEXUAL IDENTITY AND GENDER-ROLE PREFERENCE

A distinction must be made between basic sexual identity (am I a boy or a girl?) and gender-role preference (do I prefer typically “masculine” or typically “feminine” things?). While many girls of 7 to 12 prefer the more adventurous and autonomous activities of same-aged boys, they see themselves as females. They have adopted a masculine gender-role preference but maintain a basic female sexual identity. With adolescence, social circumstances change such that advantages accrue from being a girl, and gender-role behavior modifies accordingly. Because tomboyishness usually arouses no concern in parents and society (very few tomboys are brought to gender identity professionals for evaluation) the understanding of the development of an enduring masculine identity in young girls is at a primitive level. Our culture has changed, quickly and dramatically, in its perception of what typically “masculine” things girls can do and still be “feminine.” Girls are now encouraged to do things for which, 30 years ago, they would have been punished.

Rosa Bonheur (1822-99), French painter of animals, was issued a permit to dress legally as a man in 1857. “As for males,” she once said, “I like only the bulls I paint.”

CROSSDRESSING

A young woman going through puberty, as she becomes aware of herself as a sexual being, may realize that men's clothing or underwear turns her on. This can be a very isolating and frightening experience. Nowhere has any erotic connotation been associated with men's garments, and there is little mention, even in this sex-conscious society, of other women who feel the way she does. She may look for



It is doubtful that Calamity Jane ever had a skirt on in her life. She won fame as an Indian fighter, hunter, trapper, scout, poker player and miner in the Black Hills. She always associated with men and lived a man's life, although she outlived a dozen husbands. In 1901, at age 48, she was admitted to a Montana poorhouse to end her days. "She never sought a quarrel, but never would go more than a thousand miles out of her way to avoid one, and was quick to avenge any insult to her

information in order to understand her feelings, only to find that the gender identity professionals are at best ambivalent about her very existence. Stoller states:

“I have never seen or heard of a woman who is a biologically normal female and does not question that she was properly assigned as a female, who is an intermittent, fetishistic crossdresser. There are an extremely rare number of females who dress all the time as men, live as men, work as men—in fact pass unrecognized in society as men. These women are transsexuals, they wish to be males, live in all ways as a man does. They cannot stomach sexual relations with men; they are aroused only by women. Men’s clothes have no erotic value whatsoever; these people have no clothing fetish. Neither they nor other women have a fetishistic relationship to male apparel: They do not become sexually excited by such objects. It can be said that there are male transvestites and male transsexuals; among women there are female transsexuals but no female transvestites.” (Stoller, Robert J. 1968)

Katherine Vosbaugh (1827-1907) spent 60 years as a man, working as a bank clerk, restaurateur, cook and shepherd. “Frenchy” contracted pneumonia and his secret was discovered in a hospital in Trinidad, Colorado where, clad in regulation men’s attire, he worked the last two years of his life, known by the nickname “Grandpa.”

Benjamin states:

"Female transvestism seems to be rare or of somewhat doubtful reality. Women's fashions are such as to allow a female transvestite to indulge her wish to wear male attire without being too conspicuous. Her deviation has been considered merely arrogant ..."
(Benjamin, Harry. 1966)

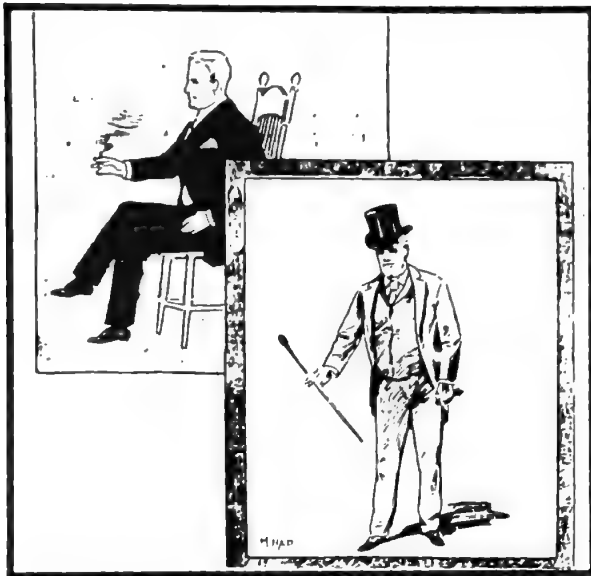
Is it any wonder that the female crossdresser hesitates to come forward? It would be quite a stigma to be known as the world's first and only woman who gets off on jockey shorts! Are gender specialists actually encouraging women to take the transsexual route by denying a possible existence as a "female transvestite?"

Until recently (and in many places still today) it was not socially acceptable for a woman to admit ANY of her sexual desires. Women could not comfortably admit that they wanted sex, enjoyed sex, or that they masturbated. While it was "naughty" for boys, girls (we were told) simply "never did" such things! The eroticism women may find in men's clothes has been overlooked because society found it improper to believe such behavior could mean anything sexual to a woman. Our society still is struggling to accept that women DO desire sex and find it pleasurable. It will probably take a long time to accept that some women are sexually stimulated by men's clothes, or by the

Havelock Ellis reported the case of "Bill," who in 1909 at age 22 had lived since age 13 as a man, and once served as local secretary of the International Brotherhood of Boilermakers in St. Louis.

fantasy of being a man, or of being a man in a woman's arms.

Women are admitting to rich fantasy lives — several books of fantasies have been published recently. It is especially liberating to find your fantasies shared by others.



In 1895 Milton B. Matson, "an English swell, much addicted to silk hats, patent leather boots and other fine raiment," was arrested in Los Gatos, Calif., for signing checks made out to Luisa E. B. Matson, and finally admitted they were one and the same person. When approached by the press, Matson declared, "It seems outrageous that a man cannot have any peace, but must be badgered to

death by reporters! Why, I have been wearing this style of costume for the last 26 years and I wouldn't wear any other. This thing of being skewed up in tight waists and subject to the flapping of petticoats is to me unbearable. I never did enjoy the feminine style of dress, and before I took to men's clothes out-and-out, used to get myself up as much like a dude as possible." After 3 weeks in jail, the charges were dismissed and Matson left wearing his male attire, five days later signing a contract with one of the dime museum managers of San Francisco: "Her part will not be a difficult one. She will be faultlessly attired in patent leathers, a handsome dress suit, embroidered linen and a white tie. She will recline in an easy chair on a little platform for the benefit of the curious public. She will answer questions and chat with the socially inclined." Matson regarded this fate as "one of the inevitables of life."

"My husband left some of his clothes behind when he was here last, and the other thing I like to do is dress up in them. I especially like to put on his underwear. The fly front just fascinates me. That's when I like to put another Tampax in, through the slit opening, and I try to get it so that it hangs out ... not all the way in, you know? But the angle is wrong, isn't it? I mean, men have it coming out in front, but the Tampax just points down, and you can't sit down naturally. But it's very exciting and I imagine that I'm Harry, just dressed in these slit-front shorts ..."

"Sometimes I like to imagine what it would be like to have a penis like a guy and have sex with a girl."

"My 'fantasy' lover is always with me day and night, and I find her very exciting. She is a 'masculine-looking' woman dressed in 'drag' (men's dress). When we go to bed she is very gentle and understanding and a great lover — much better than a man. I would never exchange her for a man."
(Friday, Nancy. 1973)

"Male dress gave her a sense of freedom and enhanced the fantasy of her masculinity while she was making love to boys or girls. When she wished

Johann Burger was arrested in St. Louis, Missouri, 1908, for male impersonation and "abduction," as his marriage to a young woman was called. Burger declared she "felt herself wholly like a man," saying a mistake of nature resulted in her female body and that she "would suffer any penalty" rather than wear women's clothes.

to look feminine, she borrowed the dresses of an effeminate homosexual with whom she was living. 'I have tailored slacks because I think it's pathetic to run around in pants with a fly. It looks like a sad imitation. I can be a masculine girl, but not a man.'" (Henry, George W. 1955)

"I have a drawer full of men's underwear and socks. I even have a couple of jock straps that I like to wear. I put on the jock, the shorts, a pair of trousers and a shirt. Then I have this full-length mirror that I stand in front of and look at myself. Finally, I try to imagine that I AM a man ... I know that I'm not and never will be, but I really dig on the fantasy.

"You know, when I finally worked up the courage to tell my husband that I really dug dressing in men's clothes, I thought he was going to pass out. He simply couldn't handle it. He wanted me to go to a psychiatrist immediately.

"I have a favorite fantasy that I hope some day to be able to fulfill. I'd like to strap on a dildo — I have a couple of them and I do this alone maybe twice a month — but I'd like to do it with a man. Anyway, I'd strap on the dildo, put on the shorts, hell, everything, and then the man and I would start to

In 1936, six months after the death of his wife of 28 years, Dr. Eugene C. Perkins, 67, died in suburban La Jolla, Calif. On the death certificate, Perkins' sex, first marked "male," was crossed out after examination of the body and "female" written in red ink. Perkins was known as a man in La Jolla during 12 years of medical practice there.

Born in 1892, Alberta Lucille Hart began living permanently, at age 27, as Dr. Alan Hart in Portland, Oregon, and wrote *The Undaunted*, a semi-autobiographical novel published in 1936; *These Mysterious Rays* (1943) which discussed x-ray, radium and ultraviolet therapy; *In the Lives of Men* (1937) and other books with assorted male homosexual themes.



Dr Alan L. Hart, from the dust jacket of Hart's *These Mysterious Rays*



EDITORIAL STAFF
Albany College Yearbook, 1911
Lucille Hart appears in the upper right of the photo

talk about sexy stuff. We'd talk about anything and everything that excited us. Maybe even look at some porno movies or books. Have a couple of drinks to lower the inhibitions. Then, we would discuss mutual masturbation. I mean masturbating ourselves together, not masturbating one another. Finally, he would take out his dick and I would take out my dildo and we would give them a working over." (Arthur, Bruce. 1980)

Probably the most important and reassuring thing for a female crossdresser is knowing there are others like her. Crossdressing has by no means been a male preserve. In the 17th and 18th centuries, there are more recorded cases of women who dressed and passed as men than vice versa. There are women who become aroused by wearing men's underwear, or by slipping on a man's starched white shirt, or wingtip shoes. There is nothing "unnatural" about her feelings. She should strive to understand and accept her own individual motives and feelings. The female crossdresser can enjoy this eroticism throughout her life and may find a sexual partner who is willing to incorporate her transvestism into their sexual play.

Female crossdressers may take on as many aspects as do male crossdressers. She may be interested in only having a few specifically erotic items of male apparel for sporadic masturbatory sessions. She might want to wear male underwear throughout the day under her usual female clothing, or only to bed at night. Some come home in the evenings to shed their female clothing and don their men's clothing. To the public eye, she does not appear unusual at all — yet she knows it's a little more than just "slipping into something more comfortable."

WHAT IS TRANSSEXUALITY?

Harry Benjamin, the "Godfather of Transsexuality," who died at age 101 in 1986, identified four fundamental reasons why individuals seek sex reassignment:

- 1) sexual motive — to have a sexually functional body
- 2) gender motive — to be free to live in their chosen role
- 3) legal motive — to legalize their lifestyle of crossdressing and living as the opposite sex
- 4) social motive — if the patient has markedly opposite-sex manners or appearance

People who wish to change their sex are not recent developments. Since the beginning of time there are records of women and men who disguised themselves in order to live in their chosen gender. Some passed their entire adult lives without anyone discovering their true sex. The isolation, loneliness, and fear these individuals experienced every day of their lives must have been tremendous. The pleasures of everyday living others take for granted were completely out of reach for these people: the lack of physical intimacy; the bindings and self-made undergarments and prostheses worn in desperation to alter their bodies; the loss of family and friends who

In 1901 Charles Winslow Hall of Boston died of consumption at age 39 aboard an ocean liner. His Italian wife acknowledged that, after brooding for some time over the disadvantages of being a woman, Caroline Hall had lived the previous two years as Charles, and had won several rifle-shooting contests.

knew them "before" and whose love and friendship had to be sacrificed to minimize risk of discovery; the inaccessibility of medical attention (many died of diseases because they could not risk revealing their secret to a physician). An educated understanding of transsexualism and medical treatment for those experiencing this condition are now righting those wrongs.

Is sex reassignment surgery morally right? Doctors may ask, "If a patient came to you and wanted you to remove his normal left eye or his right hand, would you do that, just because he asked you to?" A patient who comes in with such a request is, on the face of it, acutely psychotic. Transsexuals are not psychotic. Further, transsexuals do not want a useful organ removed, reducing their efficiency; but instead they want a more or less (to them) useless sexual equipment altered so that a more or less useful (to them) equipment will result.

How Does a Transsexual Feel?

Sex roles and their influence on transsexualism is controversial. Feminists have typically chastised transsexuals, condemning male-to-females as a threat to womankind, and arguing that female-to-males should accept themselves as strong, liberated women/

Lucy Ann Lobdell (1929-91) wore men's clothes and worked as a trapper and hunter and, under the name Joseph Lobdell, lived 3 years as husband to a young woman. Lobdell died in an insane asylum in Willard, N.Y., the "Certificate of Insanity" stating, "She is uncontrollable, indecent and immoral and insists on wearing male attire." A doctor noted that Lobdell had "an enlarged clitoris... She says she has the power to erect this organ in the same way a turtle protrudes its head - her own comparison."

lesbians, instead of crossing over to the "other side" and "denying their womanhood." But transsexuals don't cross over to the "other side" to conform to stereotypes. It's absurd to think people would have body parts modified just to be a "more masculine" corporate executive, or some such ideal type. They cross over because it is the only way to express on the outside how they feel on the inside (the same reason gays come out).

There are reasons other than predefined sex roles that influence our behavior towards one another. Stereotypical sex role behavior should not be confused with the way our bodies govern our relationships with men and women. Women will never relate to men the way men relate to men, and men will never



Charley Wilson (born Catherine Coombes in England, 1834) lived and worked as a man for over 40 years without his true sex being discovered. For 7 years Charley lived with his niece, the couple passing as husband and wife until the girl died. In 1897 (at age 63), Charley turned himself into a poorhouse where his sex was disclosed, and he was given a blue-print dress and red shawl. "If I had money," Charley told a visitor, "I would get out of here in men's clothes and no one would detect me." (By permission of the *Morning Leader*)

relate to women the way women relate to women, despite the breakdown of rigid sex roles. This has nothing to do with being passive or aggressive, feminine or masculine. It has to do with relating to someone from the groundwork of our basic sexuality. As long as the naked body elicits responses from men and women, there will be transsexuals. One of the reasons women change their bodies to look like men's is to relate to men the way men relate to men, and to women the way men relate to women, be they gay or straight.

Transsexuals understand the subtleties of role-

Deborah Sampson (1760-1827) of Plymouth, Massachusetts, served 1-1/2 years as Robert Shurtlieff, a Continental soldier in the American Revolutionary War, and received an honorable discharge after discovery in a hospital. Paul Revere, in a letter of personal reference, wrote of her, "We commonly form our Idea of the person whom we hear spoken of, whom we have never seen; ac-



According as their Actions are described. When I heard her spoken of as a Soldier, I formed the Idea of a tall, Masculine female who had a small share of understanding, without education & one of the meanest of her Sex. When I saw and discoursed with her, I was agreeably surprised to find a small, effeminate and conversable Woman, whose education entitled her to a better situation in life."

playing ... they have participated in an unusual role throughout their lives. This is much the same way a gay person faces the role of heterosexuality most of their lives — a role which for them is profoundly unnatural. Transsexuals also understand the subtle similarities between men and women, and are usually attuned to the fact that men and women are not so different. In addition, the transsexual understands first-hand the physical influences of living in the body of each sex: how hormones affect behavior, how the shape and sexual attributes of one's body affects the person within that body. It is simply not true that penis-or-vagina is the only difference. Even the feminist movement has abandoned the hypothesis that men and women are the same. Men and women are very different, but women and men are also very similar.

The transsexual's inability to adjust to sex-role expectations is not the entire sphere of the transsexual's predicament. Most people experience some discomfort with role expectations, but they do not question whether they are men or women. More profoundly, the transsexual experiences an incongruent body image. Dealing with one's thoughts and feelings is one thing; dealing with one's body is another. To identify strongly with the stereotypical thoughts/feelings of the opposite sex can be problematic, but to identify

While engaged to a woman, Ellis Green was arrested in 1899 for check forgery and discovered to be a woman at the penitentiary to which he was sentenced. Unmasked, Alice Green claimed to be impersonating her twin brother to save him from punishment, and that she herself was innocent. However, she would not allow her attorney to seek to set aside the court's sentence, as it "would involve others in trouble."

strongly with the physical attributes of the opposite sex is very disorienting.

Even before pursuing any medical/surgical/hormonal change, the female-to-male experiences her male body every single day of her life. Through strong engulfing fantasy, she “feels” her broad shoulders, “feels” her flat chest, her low voice. She feels a need to carry more bulk between her legs, and may wear padding. With this self-image, she is met in the mirror every single day of her life by someone she doesn’t recognize. She knows she has a female body, but it is something that doesn’t fit her self-perception. She knows she has breasts, but considers them abnormal growths that have no pleasurable sensation.

As a young girl, it is easier for the female-to-male to identify her body with males, and fantasize she is one, because her chest is flat like theirs. With adolescence comes menstruation and breasts. Her body is clearly no longer like a boy’s. She may be ashamed of these developments and/or very ambivalent about the sensations in them. At first she may think that all girls go through this feeling, that it is “all part of growing up” and that, with time, she will

In Phoenix, 1906, 33-year-old Nicholas de Raylan’s death by tuberculosis revealed he was a female who lived his life as a man, married women twice, fought in the Spanish-American War, and worked as secretary to the Russian Consul in Chicago. De Raylan’s first wife had divorced him after a 10-year marriage for infidelity and misconduct with chorus girls. His second wife, a member of the chorus, wept on learning of his death, declaring that talk of his being a woman was “nonsense.” In his will, De Raylan made careful arrangements to prevent detection of sex after death, but these were frustrated as he died in a hospital. He wore an elaborately-constructed imitation penis and testicles made of chamois skin and stuffed with down, suspended by a band around the waist.

learn to enjoy her new body. Females are expected to welcome these changes as natural and experience pleasure in them: These changes do not come "naturally" to the female-to-male.

This strong identification with the physical form of the opposite sex is the most definitive aspect of transsexuality. It is the hardest part for non-transsexual people to understand. It is what motivates transsexuals to undergo surgical change in order that their bodies can conform to their self-perception.

Our individual sexual identity (heterosexuality,



Jack Bee Garland, daughter of San Francisco's first Mexican consul, was detained by police in Stockton, Calif., in 1897 for "masquerading in men's clothes," and within a month was made an honorary member of Stockton's Naomi Bachelors Club. Jack spent the last 40 years of life passing as a man. In 1936, he died after spending two days in San Francisco General Hospital without doctors realizing that their patient was a female. "Many have thought it strange that I do not

care to mingle with women of my own age and seem partial to men's company. Well, is it not natural that I should prefer the companionship of men? I am never happy nor contented unless with a few of 'the boys.' I like to sit and listen to the conversations of cultured men. Could women see men as I have, they would love them all. Why? Because they are, with one another, open and frank. They know each other's little secrets and altogether are congenial. The young women whom I have met are too vain and fickle - think too much, as it were, about looks."

homosexuality, bisexuality, asexuality) helps to define who and what we are and it may be only a small part of our daily existence. But transsexuals seek sex reassignment so they can relate to other men and women from the basis of their socio-sexual self-perception. They have struggled in the body in which they were born trying to relate to others from a non-existent level. Genetic males who seek sex reassignment wish to relate to women the way women relate to women, and genetic females who seek sex reassignment wish to relate to men the way men relate to men.

The issue, once more, is that our basic identity (sexual and gender) governs our relationships with others. Women react to a naked man in a different way than they react to a naked woman — this fact will never change. To say that living in a body which is not perceived as “yours” is extremely embarrassing and limiting is an understatement. The female-to-male transsexual who is attracted to women does not feel the way a lesbian feels. Gay female sexuality is a relationship between two female bodies. The heterosexually identified female-to-male transsexual’s sexuality is a relationship centered around the contact of a man’s body and a woman’s body — with the transsexual participating in the man’s body.

It is helpful to remember that sex reassignment does not change the person inside the body. The female-to-male will be basically the same person he

Peter Stratford died of tuberculosis in Oakland, Calif., in 1929. His belongings found in a hotel room revealed him to be Derestey Morton, a woman who immigrated from New Zealand in 1904 and married Beth Rowland, a screenwriter, in 1925. Ms. Rowland said she did not know of her husband’s true sex until a few months before his death. No one claimed Stratford’s body.

was before. What does change is his outer appearance. What does change is how other people act towards him. What does change is the way he feels about himself.

How Did It Happen?

The two principal theories on the possible origin of transsexualism are biological and psychological. The attainment of gender identity is developmental: beginning with genetics and ending with socialization.



Seventy-year-old Murray H. Hall played poker, drank whisky, smoked a big black cigar, and was an influential member of the Tammany Hall political machine in New York City. Hall had married women twice, his first wife leaving after complaining that her husband was too flirtatious with other women. Hall once tried to thrash two stalwart policemen and gave them a tussle before they subdued him. His will left \$40,000 to his adopted daughter, who didn't know her father was a woman until he died of breast cancer in 1901. It was then disclosed that Hall lived as a man for 30 years, voting the Democratic ticket in New York. "Suspect he was a woman?" said Senator Bernard F. Martin. "Never. He dressed like a man and talked like a very sensible one. The only thing I ever thought eccentric about him was his clothing. Now

that they say he's a woman, I can see through that. You see, he also wore a coat a size or two too large, but of good material. That was to conceal his form. He had a bushy head of black hair, which he wore long and parted on the left side. His face was always smooth, just as if he had just come from the barber's."

No specific element (genes, hormones, socialization) has been determined as a cause of identity, but most biological researchers agree that certain individuals are predisposed toward transsexualism, transvestism, and homosexuality. As research continues, even those in the psychiatric professions are more convinced that the cause of transsexualism is biological.

Possible Biological Causes

“Seven variables have been identified that contribute to the “sex” of an individual:

- 1) chromosomal configuration (XX or XY)
- 2) gonads (ovaries or testes)
- 3) internal reproductive structures (uterus or prostate, etc.)
- 4) external genitalia (penis/scrotum or clitoris/labia)
- 5) hormonal secretion (predominantly male androgens or female estrogens)
- 6) sex assigned at birth
- 7) psychologic sex or gender identity.” (Benjamin, Harry. 1966)

Numerous studies have been performed in a search for a genetic link to transsexualism. Genetics

A 1902 medical journal cited the case of George Greene of Ettrick, Virginia, who at 40 married a woman and maintained their relationship without discovery of Greene's true sex until his death at age 75; also cited was the case of William C. Howard, a farmer of Canandigua, N.Y., who died at age 50. Howard's wife and two adopted children refused to permit an undertaker to prepare Howard's body, prompting a coroner's inquest which disclosed his female sex.

is still a young science, therefore an absence of identified genetic links does not deny their existence. While we are able to count chromosomes, we know little about the specific genes or the genetic code contained in them.

It is significant for understanding sexual development to know that the biologic disposition of mammalian embryos is female. No gonads and no sex hormones are required for a fetus to develop as a female. For males to develop, androgen (male) hormones must be secreted at critical developmental periods. Children with Turner's Syndrome have only one sex chromosome (X), develop neither functional ovaries or testes, and appear to be female at birth. The absence of menstruation, stunted growth, and the development of masculine musculature usually results in a diagnosis of Turner's syndrome. Children with testicular feminization are chromosomally male (XY), have testes that secrete normal amounts of testosterone, but their bodies are unable to utilize it. At birth they appear to be normal females, therefore, they are raised as girls and later develop in a feminine direction. The absence of menstruation, or the removal of a "mass" found to be a testis, frequently leads to the diagnosis that these girls are chromosomal and gonadal males. (Money, John and Ehrhardt, Anke 1972)

In 1979 reported research by doctors who had studied 38 cases of men who were born and raised as apparently normal girls in the Dominican Republic. The phenomenon caused the child to appear to be a

In the mid-1700s, Englishwoman Mary East assumed the name James How and lived 34 years as husband to a childhood girlfriend. How was exposed by a blackmailer who was imprisoned for a considerable term.

girl at birth, but increased male hormone levels at puberty caused the individual to develop a muscular build, a deep voice, with the clitoris developing into a penis, and the testicles descending into the labia. This study indicated that most of the individuals, raised as girls, formed male gender identities after puberty. (Cornell University Medical College 1979)

One biological theory relating to transsexualism posits the possibility of a gene in the sex chromosomes which has to do with the identification and 'feel' of maleness or femaleness. It is postulated that this gene may become transposed onto the opposite-sex gene in transsexual individuals.

In December 1979 at the Fourth World Congress of Sexology, a report suggested one possible genetic cause of crossgender identification involves the H-Y antigen. As a rule, men are H-Y antigen positive, and women are H-Y antigen negative. Eleven MTF transsexuals were tested: eight were H-Y antigen negative, one a weak positive, and two H-Y antigen positive. In addition, eleven female-to-male transsexuals were tested: nine were H-Y antigen positive, one a weak positive, and one H-Y antigen negative. Although the study has been refuted, such findings cannot be ignored.

Dr. Harry Benjamin stated that it may be significant that 40% of his male-to-female transsexual patients had distinct signs of sexual underdevelopment (hypogonadism) and that, in such conditions,

Anna Morris, who lived as Frank Blunt for 15 years, was sentenced in Fond du Lac, Wisconsin, to one year for stealing \$175 in 1894. Blunt's wife, Gertrude Field, who paid in full for Blunt's defense, "fell upon the neck of the prisoner and wept for half an hour" and vowed to carry the case to the Supreme Court.

the pituitary, as well as the gonads, may be a cause.

Research at the Oregon Regional Primate Research Center points to neural or cerebroneural causes. The neural structures and brain centers are the receiving organs for hormonal influences and their genetic quality can decide how these hormones may affect them. Evidence indicates that the gonadal hormones have a major role in the determination of sex behavior in primates through their organization of



Left, Ralph Kerwinleo (Cora Anderson) Right, Marie Wight and Dorothy Klenowski, two women who married Ralph Kerwinleo.

In 1914, a jilted girlfriend exposed Ralph Kerwinleo, who had lived as a man 13 years in Cleveland, Ohio and Milwaukee, Wisconsin. After a hearing, Cora Anderson was set free, but was commanded to wear women's clothes. Wrote Anderson, "Do you blame me for wanting to be a man - free to live life as a man in a man-made world? Do you blame me for hating to again resume a woman's clothes and just belong?"

neural tissues.

Recent research shows that tiny electrodes inserted into the brain can cause sexual responses by moving only a fraction of a millimeter. A report from the Brain Research Institute indicates that a part of the brain, known as the hypothalamus, is inherently feminine and remains so without the secretion of testosterone to organize the hypothalamus along masculine lines. Since the hypothalamus has much to do with the regulation of the pituitary function, secondary endocrine anomalies could well occur.

The manner in which gonadal hormones, brain anatomy and sexual behavior are interrelated is difficult to describe and overlaid with the influences of a lifetime of interpersonal experiences. It is also beyond the scope of this book. Each new study and finding enlarges the complexity. It would be just as improper to accept a purely biological or chemical basis of human sexual behavior as to disregard it in favor of psychological or learning theories. (Durden, Smith, Jo and deSimone, Diane 1983)

Psychotherapy Treatment

An individual's psychosexual/gender identity is a complex collection of variable inner mental traits and tendencies, some subtle and others emphatic. We take for granted that males will grow up to be masculine

At age 15, Sarah Edmonds Seelye (1841-1898) began to pass as Franklin Thompson, selling Bibles, and "came near marrying a pretty little girl." After passing for 5 years, Thompson joined the Union Army as a male nurse and spy. "I was so conscious of being led, so certain of my own self-respect, that I never viewed it from a conventional standpoint. And then I was so busy...."

and females will grow up to be feminine (whatever that might mean in our particular culture/time). Usually, one's personality (with its many qualities and characteristics) is harmonious with our definitions of what a person with their body should do and be. Not so for transsexuals. Their bodies say one thing to the world — their feelings and natural behaviors say another.

Gender specialists agree that a person's sexual and gender identity is determined in the first five years of life. By this time, a child's sexual identity has been determined as to whether he or she will be homosexual, heterosexual, bisexual, transsexual, etc. If we accept this theory, it is hard to "blame" anyone for their gender identity or sexual orientation.

The assessment of a patient's gender identity takes into account childhood behavior and fantasies, adult body image, masturbatory fantasies, and sexual and social relations. Did the patient experience conflict over gender behavior as a child? Have there been life periods in which the patient was adequately able to relate as their genetic gender? Can sexual arousal accompany an image of the self with original genetic genitalia? Has crossdressing been sexually exciting? Does the patient consider herself a man or a woman when dressed in men's or women's clothes?

In 1903 Harry Gorman, employee of the New York Central Railway, "a robust, athletic, heavily-built man-cook of about 40," was discovered to be a female in a hospital in Buffalo, N.Y. after more than 20 years of passing. Gorman claimed to know "at least ten other women" who passed as men and worked in the same railway company - some as porters, train agents, switchmen, etc. They often met together and "made themselves not a little merry over the success of their transference from one class of humanity to another," possibly forming the first female-to-male peer support group.

To what extent does the patient, by physical behavior, convey an impression of femininity/masculinity?

Psychotherapy, "to cure" the self-diagnosed transsexual so that she accepts her genetic sex, generally has proved to be a useless undertaking. A person might learn to live with the dichotomy of mind against body, but the dichotomy never goes away. There is no cure, and gender specialists admit there is no case on record of a total reversal of symptoms. The mind of the transsexual cannot be changed. A child, before the age of five, cannot make a conscious choice of sexual orientation or gender identity, and surely, as an adult cannot be held responsible for that orientation. Coercion, whether by threats, physical force, withdrawal of love, manipulation, or such "therapies" as electro-shock and aversion therapy, cannot help transsexuals resolve the gender conflict in their lives. They must decide whether to live with their contradictory body or to adjust it to agree with their heart.

However, counseling with a therapist experienced in the gender identity field can be of great value to transsexuals who have experienced coldness, rejection or ridicule in their daily lives. Many must work through feelings of inadequacy, guilt, self-con-

Mrs. Lillian Arkel-Smith lived six years as Colonel Sir Victor Barker, serving as an officer in the British Army and marrying a woman, was sentenced to 9 months in London 1929 for entering a false statement in the marriage register. Several years earlier the same court had acquitted Colonel Barker of carrying a revolver without a license.



sciousness or paranoia. The opportunity to talk to someone who is not shocked about their issue has therapeutic value.

Effective counseling of persons seeking sex reassignment consists of exploration and understanding of the motivation for sex change; creating a realistic view of the limits of available medical and surgical procedures; supporting the patient in the difficulties encountered in the social transition into a new gender role; management of possible emotional difficulties of the patient's family resulting from the decision for sex change; promoting a realistic anticipation of what the future may hold after sex reassignment; and assisting in the post-operative adjustment period.

The Harry Benjamin International Gender Dysphoria Association, a group of medical and psychological professionals, have established the "Standards of Care." These Standards define the guidelines by which the medical and psychological professional communities treat transsexual clients. The object of the Standards is to provide a uniformly high level of care, to ensure fairness, and to provide an objective method by which transsexuals may seek relief from their dilemma. The Standards require, among other things, certain minimum psychological therapy or counseling prior to embarking on hormonal or surgical intervention. The following excerpts from the standards define the minimum requirements of this therapy:

Known to friends as "John," Marguerite Radclyffe Hall always dressed as a man and felt trapped in her female body. In 1928, Hall published the semi-autobiographical classic, *The Well of Loneliness*, which was banned in England until 1949.

“Standard 6.

The clinical behavioral scientist making the recommendation in favor of hormonal sex reassignment shall have known the patient in a psychotherapeutic relationship, for at least 3 months prior to making said recommendation.

Standard 7.

The clinical behavioral scientist recommending that a patient applicant receive surgical (genital and breast) sex reassignment must obtain peer review, in the format of a clinical behavioral scientist peer who will personally examine the patient applicant, on at least one occasion, and who will, in writing state that he or she concurs with the decision of the original clinical behavioral scientist. Peer review (a second opinion) is not required for hormonal sex reassignment. Non-genital/breast surgical sex reassignment does not require the recommendation of a behavioral scientist. At least one of the two behavioral scientists making the favorable recommendation for surgical (genital and breast) sex reassignment must be a doctoral level clinical behavioral scientist.

Standard 8.

The clinical behavioral scientist making the primary

“Little Jo” Monoghan rode into Ruby City, Idaho, in 1868 and was soon known as an expert bronco buster. “No horse was too wild or savage that he could not be brought to saddle and butt under Little Jo’s hand. To this day,” a man wrote to the newspapers in 1904, “the countryside about Silver City and Ruby City tell of his remarkable ability.” When Jo died, the undertaker confirmed that Monoghan was a woman.

recommendation in favor of genital (surgical) sex reassignment shall have known the patient, in a psychotherapeutic relationship for at least six months prior to making said recommendation. That clinical behavioral scientist should have access to the results of psychometric testing (including IQ testing of the patient) when such testing is clinically indicated.

Standard 9.

Genital sex reassignment shall be preceded by a period of at least 12 months during which time the patient lives full-time in the social role of the genetically other sex." (Association, Harry Benjamin International Gender Dysphoria 1981)

There may be a tendency when reading about female-to-males to feel that your situation doesn't fit the mold, that you don't match the "profile" of the archetypal female-to-male. Many gender dysphoric people have been delayed in their pursuit of gender congruity by such misinformation. Rest assured that female-to-males come from a diversity of sexual orientations and backgrounds, each with their own concerns. For example, there are handicapped female-to-males who, because of their health problems, may not be able to pursue the physical change. They may be criticized by well-meaning friends and health professionals for "compounding their problems" and adding extra risks to their already-compromised physical states. Nevertheless the process of coming

Spectators in Indianapolis, Indiana, in 1914 became so bolsterous upon spotting 16-year-old Gladys Cornwell on the street in masculine attire that it was necessary for police to interfere.

out as female-to-male, and perhaps having some hormonal or surgical treatments, can make an enormous improvement in a disabled female-to-males' ability to cope and enjoy life.

"There are only a few researchers in gender identity, and there's so much they're missing in understanding this," said a well-known female-to-male. "If a person like myself suddenly has depression, it is immediately related to being a transsexual." A person confined to a wheelchair is stereotyped in the same way, he said. "Nobody is helping [people dealing with gender issues] to relate to the subtleties of life," he said. "It is one of those areas, I guess, where if you've been through it, you know a hell of a lot more about it." It is very important for the prospective female-to-male transsexual to seek out and counsel with female-to-males who have already made the change.

HOW TO PASS

Some female-to-male crossdressers hope to pass in public as men. She/he might learn to walk without moving her hips, bind her breasts so they don't show or move, and attempt to lower her voice tone. While the male-to-female has the benefit of cosmetics to change and disguise his face, the female-to-male must avoid make-up altogether and go out "cold turkey." Here are a few suggestions for the woman trying to pass as a man (of equal interest to the pre-operative female-to-male transsexual who has yet to

In 1936, the most popular male impersonator in Tokyo, Japan, Miss Takiko Mizunoe, had a following among women comparable to that of Rudolph Valentino.

begin hormone therapy).

The biggest problem when going female-to-male is that a 30-year-old female, when crossdressed as a man, can end up looking like a 14-year-old boy. What can the female-to-male crossdresser do to look older?

Clothing

John T. Molloy in his *New Dress for Success* says: "One of the major problems with small men who are very young is that people still are tempted to address them as 'Hey, kid!' To overcome this, they should only wear super-adult garments." Molloy, who did extensive research on the impressions made by clothing, offers these suggestions to the small young man who wishes to project a respected authoritative figure in the business world: "The best shirt for the small man is the solid white; the best shoes are traditional wingtips; the best coats are heavy and luxurious, such as camel hair. They should only wear rich-looking attire, and they should be neat to the point of being precise." He suggests wearing only ties that are very expensive — "ties that obviously would not be available to a boy." Stay away from sporty ties (such as paisley) and wear only serious ties (Ivy League, polka dot).

"Color contrast is very important," he continues, "easily attainable with a dark suit, white shirt and

Dr. Richard von Krafft-Ebing's *Psychopathia Sexualis* details the history of crossdresser Count Sandor V., born Countess Charlotte Sarolta in 1866, who fell in love with a different woman at least once a year. "God put love in my heart. If He created me so, and not otherwise, am I, then, guilty; or is it the eternal, incomprehensible way of fate?"

dark tie. Make sure the contrast is equally pronounced in sport clothes, particularly between any two items worn above the belt. If a golf jacket and a golf shirt are both in the same shade range, they will make the small man look even smaller." Colors of business suits that tested well for small men: medium blue solid, dark blue pinstripe, and medium gray pinstripe.

Molloy suggests wearing attention-getting devices, the best being a unique watch that is immediately identifiable as quite expensive. Glasses frames should be fairly heavy to add significance to the face, and very young men who must establish their authority may find that picking up their hair color in the color of their frames is effective. Molloy recommends, particularly for younger men in authority positions, heavy plastic or horn-rims which are more traditional and powerful and make a man looked older. (Molloy, John T.)

While Molloy has been criticized for being extremely ultra-conservative throughout his book, do consider his perspective when putting yourself together.

The following chart translates women's clothing sizes to men's sizes. Check the telephone book Yellow Pages for stores near you that sell men's clothing in small sizes.

Face

Use a small comb to brush the hairs of the eyebrows up and out toward the side of the face to

Officials at Montrose High School in Colorado disclosed in 1936 that Joe Coberly, president of the boys' Sunday school class, was really Helen Coberly, age 16.

make them appear fuller. Take a razor to the peach fuzz on your cheeks and chin. It may be hair, but men do not have soft down on their faces ... only women do. So shave it. It'll look like you have a really close shave, plus your skin will feel somewhat rougher. If you look extremely young (and if the thought of make-up doesn't make you sick), try mascara to darken your eyebrows, but be meticulous. You may want to experiment applying medium-brown shadow under your eyes, blending it in well, to simulate dark circles under the eye, suggesting age. Use a brown coloring pencil to follow your natural smile lines from the corner of the nose to the mouth and the "crow's feet" around the eyes. Again, blend well to assure believability.

Some controversial methods: Don't try THAT hard to cure your acne. That pimply, pitted look is very masculine. And too much sun causes the skin to age faster, forms wrinkles, creates a leathery look...exactly what you want. But, tanning and overexposure to the sun can cause skin cancer, so be cautious.

Shoe Sizes

The following chart translates women's shoe sizes to men's sizes. Check the telephone book YellowPages for stores near you that sell men's shoes in small sizes, or write to the following mail-order companies for their catalogs:

Isabelle Eberhardt, who roamed the desert of North Africa disguised as an Arab man named Si Mahmoud, died in 1904 at age 27. A street in Colomb-Bechar and another in Algiers are named after him, and "Si Mahmoud" is the name on his tombstone.

MENSWEAR CONVERSION CHART

WOMEN'S SIZES*	MENSWEAR SIZES			
	PANTS**	SHIRTS ϕ	SWEATERS	JACKETS $\phi\phi$
3/4	27	BOYS' 12	BOYS' 12	BOYS' 12
5/6	28	BOYS' 14	BOYS' 14	BOYS' 14
7/8	29	BOYS' 16	BOYS' 16	BOYS' 16
			MEN'S XS	
9/10	30	BOYS' 18	BOYS' 18	BOYS' 18
		MEN'S S		
		NECK 14-14 1/2	MEN'S S	MEN'S 36
11/12	31	BOYS' 20	BOYS' 20	BOYS' 20
		MEN'S S		
		NECK 14-14 1/2	MEN'S S	MEN'S 36, 37
13/14	32	MEN'S M	MEN'S M	MEN'S 38, 39
		NECK 14 1/2 - 15		
15/16	33	MEN'S M	MEN'S M	MEN'S 39, 40
		NECK 14 1/2 - 15		
18	34	MEN'S L	MEN'S L	MEN'S 40, 41
		NECK 15-15 1/2		
20	35	MEN'S L	MEN'S L	MEN'S 42
		NECK 15 1/2 - 16		

* Odd numbers are juniors; even numbers are misses

**The number given is the waist size. Often this can be approximated by measuring your hips at their fullest point and subtracting six inches. For the in-seam length, measure the inside seam of your best-fitting pair of pants.

ϕ To obtain the proper sleeve length, you will need someone else's help. Bending your elbow, measure the distance from the center of the back of your neck to the elbow, then from elbow to wrist. The total is the appropriate sleeve measurement.

$\phi\phi$ Jackets usually come in short, regular or long lengths.

Many female-to-males claimed to be the famous Western character, Mountain Charley, but in 1861, Elsa Jane Guerin published the definitive autobiography *Mountain Charley, or the Adventures of Mrs. E. J. Guerin, Who Was Thirteen Years in Male Attire*.

JB Shoes
c/o Blair Company,
Warren PA 16366

and

Richlee Shoe Company
P.O. Box 3566
Frederick MD 21701

Molloy suggests, "If you are particularly short, it can be an advantage for you to wear lifts, but you should wear them only with the most conservative shoes. The best choice for lifts are wing tips, which are rather substantial to begin with and will disguise the fact that you are wearing them."(Molloy, John T.)

SHOE SIZE CONVERSION CHART		
Womens		
4	2 1/2	youth
4 1/2	3	youth
5	3 1/2	boys
5 1/2	4	boys
6	4 1/2	boys
6 1/2	5	boys
7	5 1/2	boys
7 1/2	6	mens
8	6 1/2	mens
8 1/2	7	mens
9	7 1/2	mens
9 1/2	8	mens

Hair

Use a long, very sharp scissors to cut sideburns. While they will be short, they can be very

exacting and realistic (see illustration). Some feel that a short haircut with each hair in place is the ideal, but some female-to-males can wear the “tousled” look well. Just remember there is a fine line between a “cute” man and a “cute” boy.



Physiognomy

There's a lot to say for weightlifting. One look at competitors in women's bodybuilding will assure you that women can be quite muscular, despite their extra layer of fat. Though you maybe small, you'll confidently roll up your sleeves to display sharp definition in your arms.

Dainty hands are a problem for some. Pumping iron will cause the blood veins on the back of the hands to enlarge, and will push the knuckle bones apart as the muscles grow. These changes — veins

While serving as Lieutenant Harry Buford in the American Civil War of 1860, Loreta Janeta Valezquez wore a fine wire-net shield next to her skin, a tight undershirt over it, held in place by straps across the chest and shoulders like braces. Around the waist of the shield was a band with eyelet holes arranged to make the waistbands of the pantaloons stand out. “With such underwear I used,” she said, “any woman who can disguise her features can readily pass as a man.”

and knuckles — will make your hands look more masculine and will remain even after you stop lifting weights. *Gentlemen's Quarterly* suggests showing more cuff beneath the suit jacket to make the hands appear larger. And keep your fingernails short.

Born in 1799, Miranda Stuart shed her petticoats forever at age 10 and graduated from Edinburgh College as a surgeon's apprentice at age 15. Under the name Dr. James Barry, he joined the British Army and in 1858 was promoted to full Inspector General of Hospitals. He died in 1865, having passed for over a half century.



Body Language

Above all, walk tall! Head up — Shoulders back — Stomach in. While the temptation is strong to slouch the shoulders forward to minimize the breasts, get an effective binder instead. Your shoulders will appear broader when thrown back, and walking tall will project a serious, responsible demeanor and, that all-important, air of self-confidence. Learn to move slower and look 'em straight in the eye. It is a well-known fact that if you EXPECT to be well received, you will be. If you act as though something is wrong, others will look to find out what it is. If you act as though you have a perfect right, even the most aggressive male will hesitate to confront you. Blasting into and dashing out of the men's room WILL cause alarm among the other guys. You'll blend in better by sauntering in, glancing at the mirror, using the stall, washing your hands and sauntering out. This attitude on your part will put that unsettling hint of uncertainty into anyone who might question your status, and while they may decide you're a pretty sorry excuse for a man—hell, at least you are one! Be sure they see there isn't any doubt in YOUR mind about that!

Breast Binding

Although most advice to the female-to-male on this subject involves ace bandages or — worse! —

Hiram Calder was known in Orlando, Florida, as a quiet man who worked as a baker until his death in 1914. His Bible revealed that, as a young woman in New York City, Calder gave birth to an illegitimate daughter, who lived with Calder and posed as his wife. Calder passed as a man for some 35 years.

adhesive tape, there are much easier and more comfortable methods to flatten your chest. Basically you want to do the opposite of what Frederick's of Hollywood's cleavage bras do — instead of pushing the breasts up and together, you want to push them down and apart.

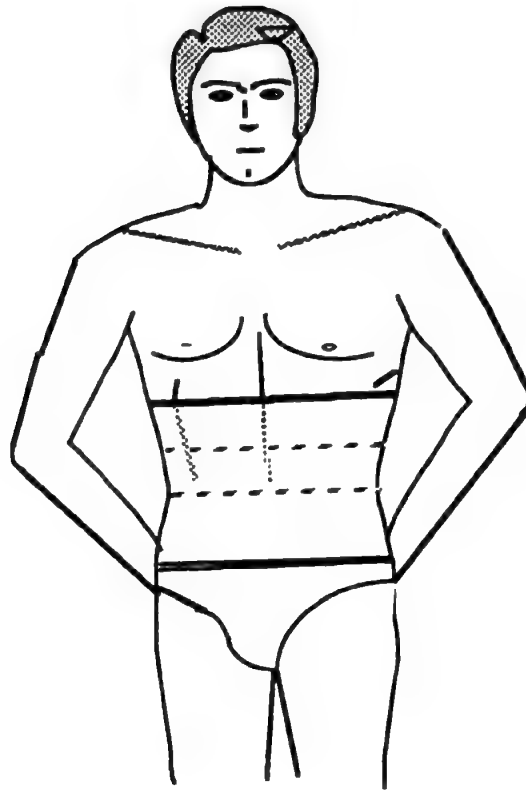
If you are small breasted, one method is to simply buy a wide elastic band sold to control "midriff bulge." Except, instead of wearing it around your waist, pull it up around the breasts, tucking them under your arms as much as possible. Wear an undershirt or a dark shirt over the binder so it is not visible through your clothes. Look in the Yellow Pages of the telephone book under "Corsets and Girdles" for stores in your area that might sell such elastic bands or undershirts. Such binders can also be obtained through the mail from these companies:

Power Slimmer
Dept WB-55
535 - 5th Avenue
New York NY 10017

Waist Support P-521799 or
Invisible Girdle P-506683 from:
Spencer Gifts
326 Spencer Bldg.
Atlantic City NJ 08411-0009

After living as a man for ten years, William Edwards was arrested in Brisbane, Australia, in 1906 for burglary and exposed while being searched at the police station. He was later acquitted.

Genie Trimmers
Dept A1147
843 W. Adams
Chicago IL 60607.



If large breasted, you might try this method:
Use a girl's "trainer bra" to hold the breasts up to the level where a man's pectoral muscles would bulge, higher than the normal bustline. Separate the cups of

Dressed as a man, Joannes Anglicus was elected in 855 A.D. as Pope John VIII in Rome. While riding in a procession, he went into labor and delivered a baby, and was stoned to death on the spot. "Pope Joan" was the only pope ever stricken from papal records, her reign as the 105th pope erased.

the bra by taking apart the material between the cups and inserting a strip of cloth. This holds the breasts away from the front of the chest, leaving the breast-bone flat. Over this, wear a spandex elastic undershirt (sold by many men's stores for potbelly control). Then wear a T-shirt and your shirt. The result is very convincing and still breathe-able.

You might also try a "Gynecomastia Vest" made for genetic males with enlarged breast tissue. It is a full vest fastened by eyelets and hooks. Order from: Morris Designs, phone (804) 481-9313.

Each female-to-male must discover his own "best" method for breast-binding. It seems no one method works for all. Experiment and be creative. Still, sorry to say, no binder that does its job is really comfortable.

The Crotch

Especially when wearing close-fitting trousers (or if you anticipate getting close to someone who "doesn't know"), you may want to use some padding. Wearing an athletic supporter stuffed with two socks (dress socks, that is ... be realistic!) might do the trick, but often when walking or during long periods of wear, the supporter tends to shift around too much. An athletic cup supporter, which has a pocket in front that snaps closed, passes the wear test much better. Stuff the pocket with the socks. Another idea is to pin the rolled-up socks to the inside crotch of your underwear. This way there are no supporter straps and

Nine-year-old Elda Libera underwent sex change surgery "for a double rupture" in Feltre, Italy, in 1936 and changed "her" name to Giovanni. Three younger sisters also presented the abnormality and were scheduled for the same operation.

band to discover; it is a lot more comfortable; doesn't require a major reorganization whenever you use the restroom; and you could remove your trousers, showing an appropriate lump in your underwear (make sure the pins don't show). Many sew a small piece of velcro to their shorts and the rolled socks or self-made genitals.

You might also investigate the "marital sexual aides" stores for an appropriate "dildo," although they are difficult to find in the "flaccid" state. Some female-to-males have reported satisfaction with artificial genitals fashioned by hand from foam.

Your Voice

"The sound of our voice indicates the kind of person we are, above and beyond our clothing. You can open your mouth and blow it if you are vocally inconsistent with your visual image." (Linver, Sandy)

One recent study, comparing the importance of words, tone of voice, and body and facial language, found that 55% of meaning is conveyed through body language, 38% through tone of voice, and only 7% through one's actual words.

A man's voice is deeper than a woman's because his larynx is larger and vocal cords thicker. Testosterone produced during male puberty enlarges the laryngeal cartilage, which grows thicker and outward, forming the male Adam's apple. The vocal cords also

A 1926 story in the Butte Miner (Montana) tells of Florence O'Neill, a 17-year-old runaway passing herself off as a 15-year-old boy tramp. "I'll always be a boy," she told police. "Girls can't get out and travel like boys can, and I like to travel."

thicken and lengthen in response to the hormone. Female-to-male transsexuals are lucky because male hormones will lower the voice as it does for the adolescent boy; however, this is of no help to the pre-hormonal female-to-male or the female-to-male transvestite or crossdresser, who must go it alone.

Sounding adult and masculine can be a real problem for the female-to-male who already looks like a young boy. Many female-to-males resort to swear words or abrasiveness in hopes of sounding more butch, but usually this only attracts more intense interest or adverse reactions.

It is extremely helpful, while you are speaking, to be aware of the male image you wish to project. Have a clear picture in your mind of the man you are, and really look at the person to whom you are speaking. Be direct and sure of yourself - don't just let your voice drift. Your self-confidence is very important here, as relaxation is paramount to correct breathing and, since voice is produced on exhalation, there can be no adequate voice without correct breathing. Remember: air comes from the stomach, not the throat. Think lower, from the gut. Tensing the throat and jaw leads to those high nasal tones, as the throat is not allowed to open and produce sounds. This relaxation will also benefit you in correct articulation, with concentration on an effective use of pauses and downward inflection, particularly at the end of definite statements. (Note how women's voices raise at the end of a statement; for example, in a restaurant a woman

In a 1901 divorce case in Harrisburg, Nebraska, Jeremy Baker accused his wife of infidelity with the mail carrier, William Wallace. To clear Mrs. Baker's name, Wallace confessed he was a female, and the estranged couple were reunited.

will order "the New York steak?" Instead of asking for what you want, tell them what you want.)

The only objective way to check your results is

HOW TO IMPROVE THE QUALITY OF YOUR VOICE

HOW TO BREATHE CORRECTLY

To give proper support to the voice, breathing should come from the waist area or midsection, not the upper chest. The stomach should move out as you breathe in and gradually move in as you talk. Dr. Morton Cooper recommends this exercise to see if you are breathing correctly:

1. Lie face up on the floor.
2. Place one hand on your chest, the other on your stomach.
3. Breathe gently and easily with your mouth slightly open. Your stomach should move while your chest remains still.
4. Practice breathing this way in standing and sitting positions.
5. To practice using midsection breath support while talking, breathe in and talk on the outgoing air for a few minutes several times a day until it becomes a habit.

LOWERING YOUR PITCH

If you are dissatisfied with the pitch of your voice, Sandy Linver recommends the following exercise:

1. Sit in a comfortable chair with a tape recorder handy. Put a book on the floor between your feet.
2. Let your body feel heavy - the head rolls forward on the chest, the body slumps forward. Head, neck and shoulders are completely relaxed.
3. Turn on the tape recorder and read in this position. Pay attention to the resonance in your chest.
4. Sit up and "think" your voice low and relaxed. Read the same thing again.
5. Play back the tape and listen to how much lower your voice comfortably can be.

HOW TO CHECK YOUR PITCH AND TONE FOCUS

According to Dr. Cooper, every person has an optimal pitch level - and habitual pitch level - the one you actually use. Ideally, these two pitch levels should be the same; more often than not, they aren't. To check your pitch level, try this:

1. Say "um-hum" as though you were agreeing with someone.
2. Now say "um-hum one," "um-hum two." If the pitch of the "um-hum" is close to that of the numbers, you're probably using correct pitch.

The voice's tone focus or resonance is closely related to the pitch level and comes from three areas: the upper throat or nose, the middle throat or mouth, and the lower throat around the larynx or voice box. This exercise is intended to check habitual pitch and tone focus:

1. Place one hand on your chest, the other hand on your stomach, and breathe in with the stomach moving out.
2. Make a humming noise with your lips closed and press in on the stomach with quick staccato motions. As the sound escapes through the nose, you should feel a buzz around the face mask area - the mouth and upper lip.

In 1936 the district court of Sosnowiec, in southwestern Poland, heard an application from Miss Bronislawa Bednarska, 22, of Niemec-Bory, for change to a male name. A Cracow medical expert testified that Bednarska was a man, not a woman.

by working with a tape recorder. And be patient. As with any change of habit, voice training takes time and thought. You might refer to the bestselling book, *The Sound of Your Voice*, which teaches you how to change the style and timbre of your voice and outlines a practice session. (Fleming, Carol)

The Men's Room

Some publications urge female-to-males against the use of public restrooms. This is not always possible, especially for the female-to-male transsexual living full-time as a man. There should be no problem using the men's room — just use the stall. Many men find urinals difficult to use, so they use the stall and even sit to urinate. (A male Olympic gold medal boxer, who couldn't produce a urine sample, admitted he'd never been able to go "while someone's watching me. I can never stand at those long urinals you get in gents' bogs, with all the other blokes having a quick squint.") Most stalls in men's rooms have doors. If not, you just need to be cautious about "who's looking where" and be lightning quick pulling your pants up or down. If there are too many eyes, you may need to fake constipation until the place clears out a bit before you get up. In the sitting position, urine hitting the water sounds the same coming from a male or a female. Continually flushing the toilet while urinating will

When Jeanne la Pucelle, better known as Joan of Arc, was asked why she wore male attire, she answered that "she put it on at the command of God and His angels, as she had done in all things." Her clothing prompted five charges against her, and she was burned at the stake as a witch in the year 1431. Joan was canonized a saint in 1920.

surely attract more attention than simply using the stall, the toilet paper, flushing and leaving. Blow your nose in the toilet paper if you're paranoid that taking it sounds suspicious. For information on how to make a urinary device suitable for public restroom use, contact: J. Cromwell, 6113 39th Ave S, Seattle, WA 98118.

If you are passing as a man on the street, it would be highly unlikely that another man will confront you concerning your urination habits. (If someone actually has the nerve to ask why you always use the stall, tell them, "Gee, I dunno. I guess I really AM full of it! HA HA" If Joe asks why he never sees you at the urinal, try, "I didn't know you were looking for me there, Joel!" You might get a bloody nose — proof that Joe is convinced you're a man.) However, if you are having difficulty passing, it is best to use private as opposed to public facilities. For starters, try using the men's room in an airport, or somewhere else where everyone is in too much of a hurry to pay a lot of attention to you.

SEX REASSIGNMENT

Deciding to change your life and your body to that of a man will be the most important decision you will ever make. Don't take the matter lightly.

The female-to-male transsexual has a more difficult decision to make than the male-to-female.

Losing all her clothes in a shipwreck while on tour in the East, Lady Hester Lucy Stanhope put on male Turkish costume and thenceforth wore men's clothes for the rest of her life. She dressed sometimes as an Albanian chief, a Syrian soldier, a Bedouin, or a pasha's son. She died in Lebanon, 1839.

The status of the female-to-male sex reassignment surgery is such that the female-to-male is looking toward the prospect of building and spending his life as a man with little hope of being a physically complete male, i.e., with little hope of ever possessing functional male genitalia. But this is the decision, and the pros and cons must be weighed. Is it possible for you to function from day to day as a "masculine" female? Is your sex life satisfactory as it is, compared to what it might be as a man without a penis? and possibly as a man WITH a vagina? These are questions that only you can answer. However, in considering these questions, remember that there are numerous genetic males with deformed genitals, or who have lost their sex organs through accident or war, who continue to function as men without questions of their gender. Many people must face life physically handicapped — the female-to-male is one of them.

"As long as a non-visible disability is not known about and the disabled person can pass for normal, he is accepted as such.... Once such a person's true identity (diagnosis) is uncovered, the seriousness of the discrimination depends on the nature and the assumed pervasiveness of the disability; whether or not it is contagious, considered hereditary and, as well, upon the degree and severity of the social stigma attached to it in the

Charlotte Charke dressed as a man all her life, working as a male servant and sometimes as a male impersonator on stage. She published her memoirs in 1755 which concluded: "I have throughout the whole Court of my Life acted in Contradiction to all Points of Regularity... There is none in the world More Fit Than Myself To Be Laughed At."

particular country in which that person is living.”
(Simon, A.)

“An individual who might have been received easily into ordinary social intercourse, possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have upon us; he possesses a stigma, an undesired differentness from what we had anticipated ... we believe the person with a stigma is not quite human; on this assumption, we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma theory, an ideology to explain his inferiority ... we tend to impute a wide range of imperfections on the basis of the original one ... further, we may perceive his defensive response to his situation as a direct expression of his defect...” (Goffman, Erving 1963)

Even after a lifetime of living as a man, a female-to-male transsexual is always a transsexual, and will never be a “normal” person of their chosen gender.

Hormone Therapy

Your next step is to find an endocrinologist or physician experienced with hormone therapy for transsexuals who will work with you. When you find one, it is up to you to work with him or her. Male hormones must be taken for the rest of your lifetime.

The most common brands of male hormones are Depo-Testosterone (testosterone cypionate in cottonseed oil) and Delatestryl (testosterone enanthate in sesame oil). Which works best for you is a matter of

individual preference. Both brands are administered by intramuscular injection, with the average dose of 200 mg/cc every two weeks. Ask your pharmacist for the generic equivalent of either brand in order to save money. You will also save by learning to give yourself the shots.

Oral administration of testosterone tablets has been advised against, as the hormone is inactivated in the liver after absorption from the small intestine to the portal vessels, and some patients contracted jaundice due to damage of the liver.

To get a general idea of what male hormones will do for you, look at the male members of your family—father and brothers. Whatever their hormones have done to them, testosterone could do for you. You carry the same genes.

Side effects of testosterone (not necessarily in order of appearance — each person reacts differently):

Once you are receiving an adequate dose of testosterone the menstrual flow stops. The androgen-induced suppression of the ovaries results in diminished or completely suppressed secretion of estradiol and progesterone. Ovulation ceases and you cannot become pregnant.

The vocal cords thicken, the voice sounds hoarse and cracks like an adolescent boy's, and eventually deepens.

Acne may develop as the hormone increases sebaceous gland activity. Wash often, use a benzoyl

"Vincent Jones" (whose real name was Violet Ellen Jones) and his bride Joan Lee were married in England in 1954. Since England had no law against homosexual activity between women, they only incurred a fine for making false statements in order to obtain a marriage license.

peroxide or adult formula acne lotion. The actual texture of the skin will roughen and thicken in time. If acne is uncontrollable, go to a dermatologist, who may prescribe antibiotics (tetracycline), just as he would prescribe for any adolescent boy. This should clear you up.

You'll experience an increase in energy, so get involved in some physical activity — run, lift weights, etc. You will also begin to perspire more, and acquire a whole new body odor.

Some experience an increased appetite, so watch what you eat. This is the time to concentrate on nutrition and a healthy diet. Do your body right, now that it's doing you right. Eventually that extra layer of female fat will melt away (yes, even around your hips and thighs!), the muscles will actually restructure and change in firmness, shaping your body to more male proportions. You may experience muscle cramps, but this will only be a temporary condition.

Testosterone forms a layer of calcium around the bones, so you should become about a half-clothing-size larger. Fingernails and toenails grow more rapidly.

The clitoris enlarges and will look much like a very tiny penis, including a ridge around its head. After a number of years it may elongate to about the size of your thumb (about 1-1/2 inches).

Directly related to the growth of the clitoris is a

In *Michael, Nee Laura*, Liz Hodgkinson asserts that Michael Dillon was the first person to undergo female-to-male sex reassignment surgery, "taking advantage of the recently isolated sex hormones and of advances in plastic surgery." Dillon underwent phalloplasty in England over a period of four years and some 13 operations, the surgery completed in 1949 with

sharp increase in the sex drive. You may find it necessary to set aside more time for yourself! You could find yourself waking several times during the night, sexually aroused. Many female-to-males welcome this surge of sexual drive and its accompanying masculine aggressiveness.

Body hair will increase and become darker...on the legs, arms, pubic area, buttocks, abdomen, hands, and later on the chest and face. Testosterone may also cause male-patterned baldness.

If prone to poor teeth, the chemical change in your mucous membranes may have a bad effect, so use a flouride rinse as an additional precaution.

Should you decide to discontinue taking testosterone, the following side effects are not reversible: the voice will remain low, the body and facial hair may continue to grow (you will need to undergo electrolysis to remove it), and you may be rendered infertile due to atrophy of the ovaries.

Don't share your needles or syringes, as this may cause the transmission of the AIDS virus.

Surgery

CHEST SURGERY:

Most female-to-male transsexuals are principally interested in having their breasts removed. A mastectomy is usually the first, and sometimes the only, surgery many female-to-males undergo. It is performed many different ways, depending on your surgeon's technique, the size of the breasts, etc. Some progressive surgeons now perform the simple mastectomy in their office surgical suites with the patient under local anesthetic.

The surgical goals are to remove all breast tissue and redundant breast skin and to contour the chest wall. Female nipple areolar complex conversion into male-appearing nipple and a male chest configuration is highly desirable as part of the mastectomy procedure. Either wedge resection of large breasts with free nipple grafting or subcutaneous mastectomy with second stage nipple conversion can be done quite successfully in an out-patient surgical facility. These goals are easily accomplished in the flat-chested and/or thin individual, and a subcutaneous mastectomy without disturbing the nipple-areolar complex may be possible. Visualizing the breast as a pie with the nipple as its center, a slice of the pie may be removed and the two sides brought together, leaving a small scar line from the nipple toward the underarm.

In the large-breasted individual with peripheral fat development, surgical removal of all breast tissue and contouring of surrounding fatty tissue may create a skin pocket which requires reshaping. It may be that too much fatty tissue is removed, creating a flat chest wall which in itself is unsightly. One technique is to excise all breast tissue possible, "feather" out the portion under the arm (usually with liposuction), and "pucker" the skin under the nipple graft to eliminate long chest scars. Removal of all breast tissue and some overlying skin without creating a long scar is often difficult, as is feathering the chest wall symmetrically. The nipple-areola complex is removed, defatted, reduced in size and grafted to the chest wall. Problems such as creation of a central cavity where the nipple-areola is reapplied, only partial "take" of the graft, and postoperative expansion of the nipple-areola graft require meticulous care for best results.

Scarring is inevitable, even if the "keyhole

method" is used (in which the surgeon cuts only around the areola ring). However, with proper care and sufficient time, the scars will fade. Chest hair may inevitably cover up many of the surgical inadequacies and chest scars. Some female-to-males have tattoos applied to their chests, incorporating the scars to make them less visible. Scar tissue is made of collagen which depends on both Vitamin C and calcium for strength. Speed of healing is believed to be related to Vitamin C intake. Medical journals have urged all physicians to recommend large amounts of Vitamin C before and after surgery. When 4,000 milligrams or more of Vitamin C is taken daily by such patients, the speed of healing is augmented. In addition, a Vitamin E supplement of 400 units or more daily will speed healing of scars. After surgery, apply the contents of Vitamin E capsules directly on the scar to help fade them.

The patient is advised to take two weeks off for the surgery, convalescing so as not to tear the stitches or stretch the newly-formed scar tissue. Follow doctor's orders, but you may be able to remove the bandaging about a week after surgery and could begin lifting weights after about two weeks (although you are not to lift above your head, as this may open the scars). You may be tempted to bare your chest, but be sure not to expose the scars to sunlight—the sun will darken the tissue and prevent the scars from fading properly. After a certain amount of healing, your doctor may instruct you to massage the skin on the chest to prevent the internal scarring from adhering to the muscle wall.

Most patients experience loss of erotic sensation after chest surgery, especially in the nipple-areola area. Remember, it takes time for those nerves to

reconnect: in fact, those who counsel women who have undergone mastectomies because of cancer, etc., advise that it may take as long as five years to fully regain erotic sensation in the area.

INTERNAL ORGANS:

Many female-to-males also undergo removal of the internal female organs (uterus, tubes, ovaries, vagina). Some decide against this procedure, fearing loss of orgasm, as the female sexual response was believed to include contractions of the uterus. However, most who do undergo this surgery report that they continue to experience orgasm.

Removal of the internal organs does require hospitalization. If phalloplasty is in your future, this can usually be done vaginally so as to preserve the integrity of the lower abdomen for the tube pedicle construction of the penis. If an abdominal incision must be made, it should run vertically in the midline toward the umbilicus. The transverse incision paralleling the top of the pubic hair should be avoided to preserve the integrity of lower abdominal tissue.

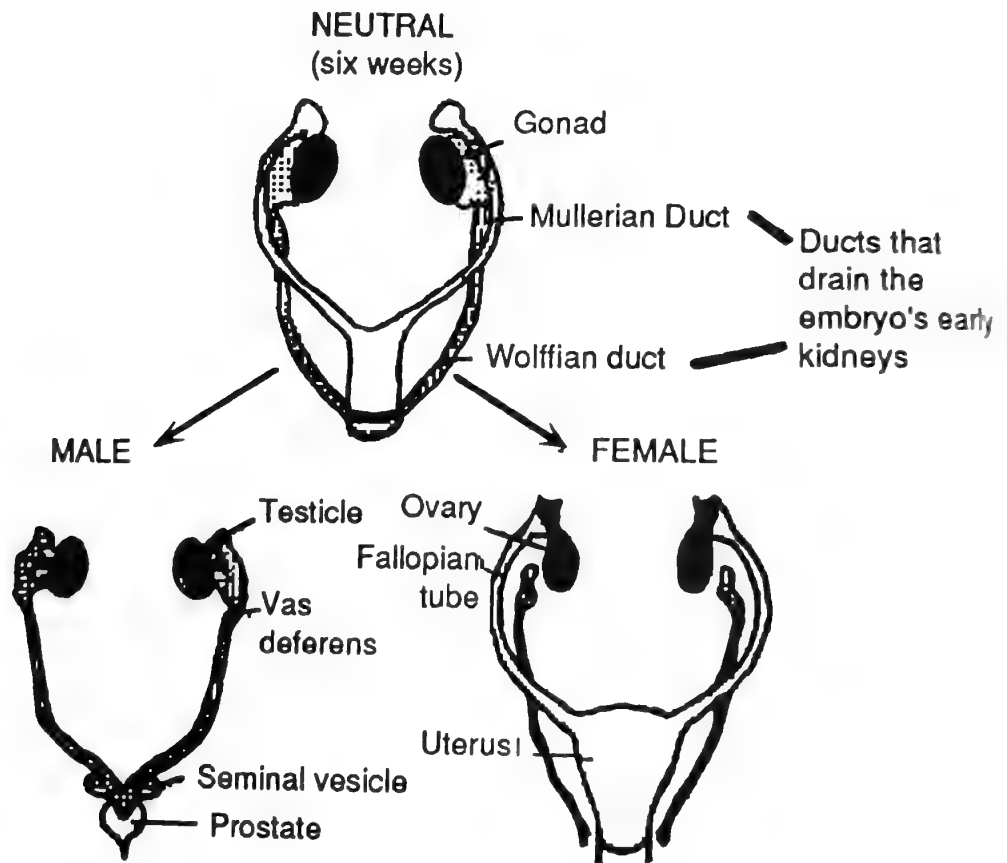
The removal of the ovaries reduces the production of estrogen and thereby intensifies the effects of the testosterone injections. The hysterectomy removes one of the last vestiges of feminization and obviates the threat of any breakthrough menstruation.

GENITAL SURGERY - PHALLOPLASTY, GENITOPLASTY:

Unfortunately there is still no completely successful surgical technique for the construction of functional male genitals with the ability to urinate

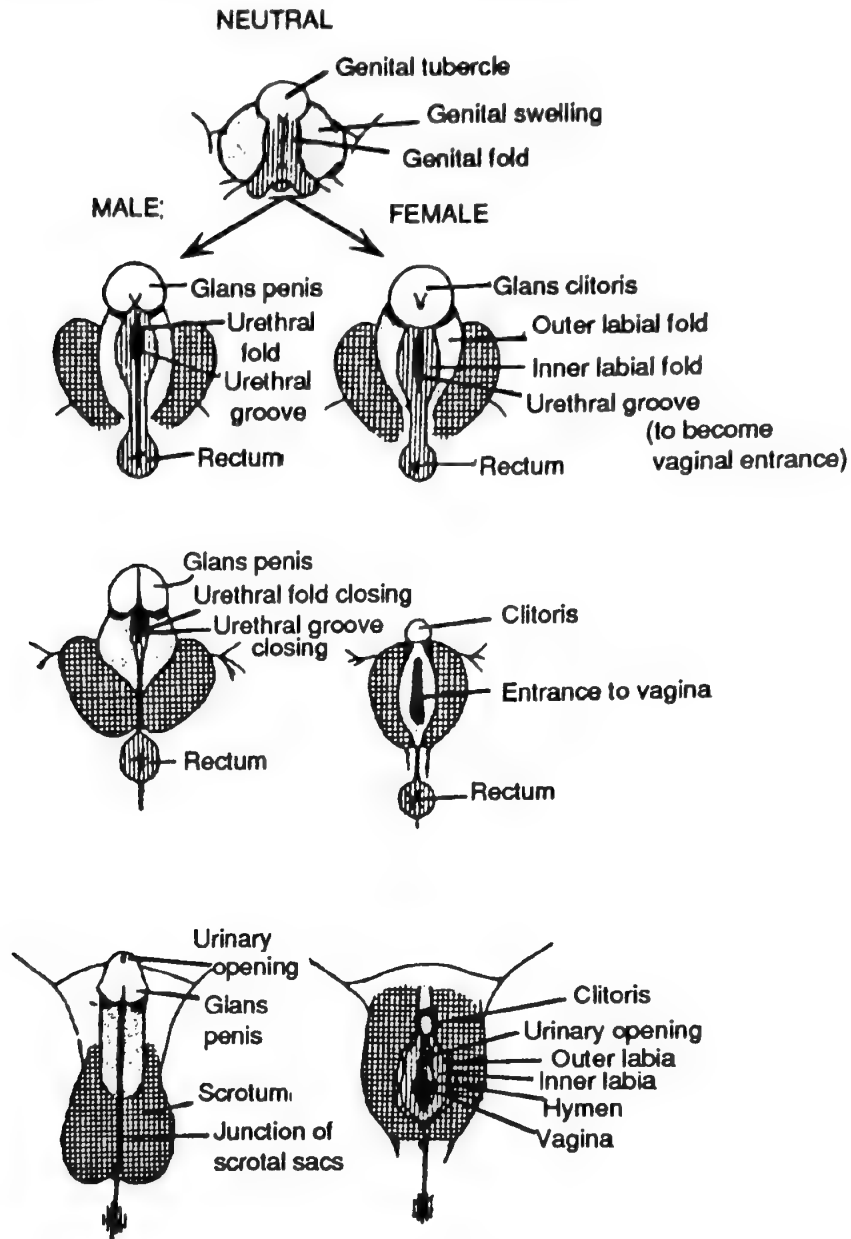
HOMOLOGUES IN FEMALE & MALE UROGENITAL ANATOMY

Adult Female	Adult Male
Ovary	Testis
Vagina (upper)	Vagina masculina
Uterus	Prostatic utricle
Fallopian tubes	Appendix testis
canals and ducts of Gartner	Seminal vesicles
	Vas deferens
	Epididymis
Bladder	Bladder
Urethra	Prostatic urethra
Vestibule	Penile urethra
Labia minora	Urethral tube of penis
Labia majora	Scrotum
Clitoris	Penis
Bartholin's glands (vestibular glands)	Cowper's glands (bulbourethral glands)
Prostrate gland (urethral glands)	Prostate gland (urethral glands)



Formation of Male and Female Internal Sex Organs

Formation of Male and Female External Sex Organs



During the first six weeks in the womb, an embryo has no sex differentiation—the structures that later form into male organs are absolutely the same as those that become female organs. If the embryo is to be a boy, testicles develop at forty days after conception...if they do not, the embryo will develop into a female. All men have an embryonic vagina and uterus located near their prostate gland—a permanent testament to our origins as one common sex.

through the penis, become erect to enable intercourse, and ejaculate. However, new methods are constantly being employed and surgical results have improved vastly over recent years.

Phalloplasty, or construction of a penis, is performed in many different ways, involving several operations.

One method involves three surgical procedures, two major and one minor:

The first procedure, done under general anesthesia, consists of formation of an inverted tube pedicle running vertically from pubis to approximately 4cm beneath the umbilicus and incorporating the full thickness abdominal skin and soft tissue. By tubing this "raw" side out, a 4 in. x 8 in. split thickness skin graft taken from the anterior thigh can be wrapped around the pedicle for covering, leaving a single vertical seam. This "suitcase handle" appearing pedicle will eventually form the shaft of the penis and the



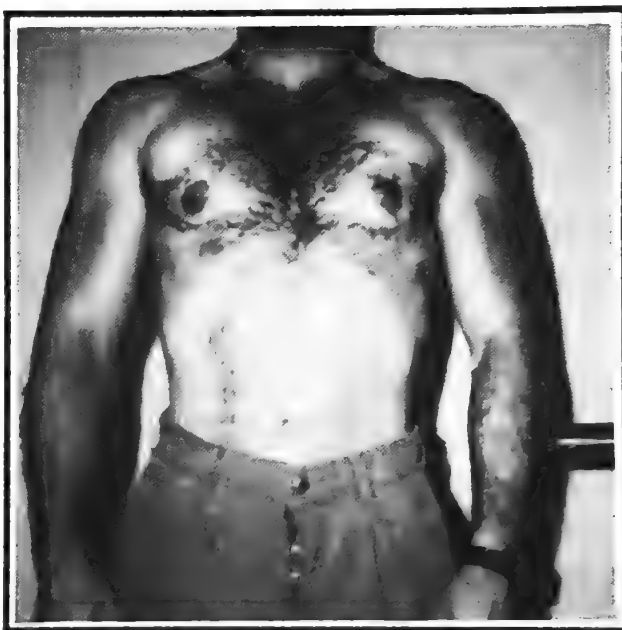
Mastectomy

grafted skin will mimic the loose skin of the natural male penis more closely than methods using non-grafted pedicles. The labia majora is then converted into a scrotum by splitting each lip along its medial border, connecting the two together in the pubic area, thus forming an inverted V. The

inner layer is sutured separately from the outer layer across the midline so as to form a scrotum. Attachment of the labia across the midline "hides" the clitoris and vaginal introitus from view and when completely healed will be available to accept two silicone testicular prostheses.

The second procedure, done under local anesthesia, is simply a "delay" of the abdominal skin between pedicle and umbilicus that will be used to construct the head of the penis. The incisions are made, undermined slightly and closed with simple skin sutures.

The third procedure is carried out approximately two weeks later, at which time the incisions are reopened and complete release of the abdomen is accomplished. The free ends of the pedicle are folded toward one another, the points trimmed bluntly and sutured together to form a conical head with central dimpling, simulating the male penile head. The abdominal donor site is undermined slightly and closed primarily. The upper bases of each labia are surgically opened in a transverse manner and each labia "hollowed out" by blunt dissection to accept adult sized silicone testicular prostheses. Once in place the pockets are sutured and the scrotum with



Mastectomy

testicles is completed, as is the penis.

Later, sexual functioning can be achieved by inserting a removable silicone rubber rod (baculum) through the hollow tube in the penis. In some cases the penis may be firm enough for sexual functioning without the need of a stiffening rod. The clitoris, near the base of the penis, serves as the climactic organ since the head of the penis is usually without sensation. Hair must be shaved or removed by a depilatory creme from the head of the penis as well as through the shaft, unless hair from the donor site was removed by electrolysis prior to surgery. Urination, at this stage, is still through the female urethral opening and requires a sitting position. Time has shown that the urinary tract hook-up has not been very successful. The female urethra, say the surgeons, makes such an angulation as compared to the male urethra that it is very difficult to avoid breakdown, strictures, or fistula formation.

An alternative way of performing phalloplasty is by using part of the arm, i.e., the radial forearm flap. Once the flap has been dissected, a strip of skin is tubed to form the neourethra. The flap is tubed and, with the strip, wrapped under the radial "shaft" side, which is sutured to itself. The free flap is then transferred to the perineum. The lateral antebrachial nerve, providing sensation to the radial "shaft" aspect of the flap, is coapted to one of the internal pudendal nerves or the dorsal nerve of the clitoris, providing potential erogenous sensibility to the phallic shaft. The clitoris is placed ventrally and proximally on the phallus and remains innervated by the contralateral dorsal nerve of the clitoris. All of these anastomoses and coaptations are carried out with operative magnification, microsurgical instrumentation, and

microsurgical suture.

The enlarged labia minora and distal anterior vaginal wall tissue are joined together around the urethral meatus and advanced anteriorly to create a male "pseudobulbar" urethra that is anastomosed to the flap neourethra. Because the female urethra is short and more posteriorly located than in the male, there is often a problem of urethrocutaneous fistulas at the junction.

Scrotal reconstruction is achieved by transposing a bipediced bilabial flap posterior to the neophallus or by transposing a gracilis myocutaneous thigh flap into the perineum. Either flap can then be implanted with testicular prostheses.

The donor site on the forearm is covered with a medium-split-thickness skin graft harvested from the thigh. A forearm splint is used to immobilize movement at the wrist and elbow. Although unsightly, with time it begins to match the surrounding normal skin in color and texture, though lacking hair growth.

No reliable stiffener has been developed for use in phalloplasty because of problems of questionable poor vascularization, poor distal return of sensation, and a resultant prosthetic erosion. Some surgeons have used autogenous materials and prosthetic devices, but none have stood out as "the best" way to create phallic stiffness.

Genitoplasty (or Metadoioplasty) is another method of female-to-male genital surgery, preferred by some because it leaves little or no scarring and full erotic sensation in the area. It is somewhat like a circumcision and consists of the removal of the "hood" of skin over the enlarged clitoris and the free-ing of its underside, allowing the clitoris to protrude as an extremely small (2-4 cm), but aesthetically correct

"penis." This method usually precludes use of the penis for intercourse because of its size, and the patient is warned that the penis will appear as if "you had just had a cold shower." Following release of all chordee, the urethra is lengthened by a full-thickness island flap created by elevating labia minora flaps around the urethral meatus and tubing it for urethroplasty construction. The hypertrophied labia majora are elevated as island flaps and transposed posteriorly in a V-to-Y fashion, where they are joined to form a scrotum into which testicular prostheses are implanted. Liposuction is often necessary over the pubis and peri-inguinal areas to reduce fat deposit and accentuate penile length.

The need for electrolysis in the phalloplasty site area has been optional. However, more surgeons are requiring electrolysis as it lessens infection, fungal growths, and facilitates the ease of cleaning the hollow tube of the penis. If you are considering microsurgery or urethral extension, electrolysis is mandatory.



Phalloplasty

**A WORD TO
FAMILIES AND
FRIENDS:
ACCEPTING THE
NEW MAN IN
YOUR LIFE**

Supportive therapy may be necessary for families of those deliberating sex reas-

signment. Sometimes spouses or lovers feel they may have somehow failed the transsexual, but they must understand that the transsexual's atypical gender identity existed prior to their relationship and it is very unlikely that they had any influence on the condition or altered it by any means.

Parents of transsexuals may also need professional help in assimilating the change. They may feel responsible or guilty for their child's behavioral anomaly. They need support, understanding and guidance in dealing with these feelings. Hopefully this book will help. In addition, a book entitled *The Uninvited Dilemma* by Kim Stuart (see 'Readings' section) is highly recommended for family and friends.

Parents of transsexuals should not be unprepared for the revelation of their child's transsexuality. Thinking back, they will trace the pattern, the many clues, from the child's earliest days through their adolescence, when the onset of sexual maturation often triggers many dramatic distress signals. Parents shared in their child's embarrassments and traumas. They remember their own unhappiness for their child, as it became apparent that their child's natural behavior was somehow inappropriate. Parents remember worrying as their child hid in



Genitoplasty

isolation, rejected by their peers and regarded with disapproval in public.

Everywhere and everyday this child was under pressure to fit in at school, at a job, in social relationships, perhaps even at home. As time went on, she became aware that her life revolved around contradiction and self-deception. Living this constant dichotomy becomes overwhelming for some, who attempt suicide (and sometimes succeed). Hopefully the transsexual in your life has instead sought out and found the professional help available in his quest to adjust to a rewarding life, which is possible for all who seek it.

Specific areas of family relationship have been studied as crucial to the emergence of sexuality. Among them are father-son or mother-daughter separation, marital role division or the relative power within a family of mother and father, parent-child emotional closeness, and sibling sequence. A major



Genitoplasty

failing of much research into intrafamily relationships has been the inability to demonstrate why only ONE child displays transgenderism. It is unclear, for example, if passive or absent fathers and dominant overbearing mothers are responsible for producing a certain behavior in a child, why don't ALL their children exhibit that behavior?

Again, it is just as futile to "blame" a certain life experience for one's sexual identity as it is to "blame" some unknown genetic error as "the" cause. We can all wonder forever WHAT it was that pointed the homosexual, heterosexual, transvestite or transsexual in the direction they ended up going. We'll never know THE answer for everyone — that is, if there IS any one such answer.

Once your loved one has taken on a new identity, your acceptance is most important ... not only in your heart, but through your words and actions. Parents, after so many years of addressing their child



Phalloplasty

by the name they chose for them and the appropriate pronoun ("she" or "her") will find it no easy task to suddenly change all that. It will be very hard to readjust John to Joan, Margaret to Mark. Probably in your mind, Mark "will always be your little Margaret." It will not come naturally to call her "him," to say "he" instead of "she." It will require a conscious rearranging of your thoughts and a studied awareness when you speak. Some find it easier to avoid pronouns whenever possible, i.e., "This is Mark's car" instead of "This is his car."

Probably the best motivation is to know that your effort in the manner of addressing your loved one will mean a lot to them. It will take you a while to become used to his new name, but let him know that you are thinking of "him" ... not the "her" from whom he has freed himself. Let the new man in your life know that "he" is the one most important to you.

Remember that this rearranging and readjustment is most keenly felt by him. As his identity solidifies into the reality of everyday life, he will understandably cringe when you address him by a woman's name, or as "she" or "her," thereby ignoring a most important aspect of his life.

Making the decision to seek a better life is the major step in the process of sex reassignment. Most never look back after having finally made that decision. Most transsexuals will continue to pursue the total change as it becomes apparent that his "new sex" really does feel right. Many facing this major life change face the additional trauma of rejection from "friends" and family, who mistakenly hope their disapproval will somehow erase the problem and make everything as they think it "should" be, instead of what it is. All parents must face the "imperfections" and

limitations of their children. Fortunately, the candidate for sex reassignment has found a way to address this life impasse.

"I love my new son!" said one parent of a female-to-male. "I used to be always uneasy around my daughter — she was so strange — and often I was embarrassed to be seen with 'her'. But now I have a happy, self-confident son who makes me proud. I am relieved." Another female-to-male explains, "My ma says now that she sees how much happier I am. She realizes my change was the right thing. I was very much a recluse before. I feel so happy now."

Let your loved one know that he will be able to pursue a happier life, fortified by your support and love.

YOUR SEX LIFE — THOUGHTS TO CONSIDER

A potential sex partner, whether female or male, is interested in sexual stimulation and satisfaction. Your particular status may demand that you be more inventive in order to satisfy your partner, keeping her/his wants and needs uppermost in your mind. You will be a good lover if you are responsive to your partner's signals and find ways to meet her/his desires. If your partner is being satisfied through one means or another, your body parts oftentimes will not be an issue. There are countless lovers who will gladly lay back and surrender themselves passively to be pleased by you. Or you may be one of those fortunates who finds a partner who cares enough to seek out and fulfill your needs and desires.

During the transition from female-to-male, it is important to be all-body aware. In deciding to accept the challenge of life as a physically handicapped man

(i.e., a man without a functioning penis), the female-to-male must learn to accept the fact that he cannot help having been born with a certain female sexual response and accompanying apparatus. Some female-to-males reject stimulation of the clitoris or vagina; yet, he should remember that the vaginal canal contains the erectile tissue found in the male penis, that all parts of his body are sensual areas and that he has been born with a handicap. It makes sense to keep in mind that males differ anatomically from females, internally, only in the absence of the uterus and related reproductive organs. Their basic innervation and musculature is identical to that of the female, with obvious differences in the external organs. Every gland and organ in the male has its counterpart in the female, and vice versa. The increased sex drive spurred on by testosterone may torment someone who has backed himself into a body-hating corner. Learn to relax and appreciate every portion of your body as a potential erogenous zone. Be open to various sexual practices, learn to adapt them to your special circumstances. Many female-to-males successfully use strap-on dildos to engage in intercourse. You CAN satisfy your partner AND satisfy yourself. Society is becoming more attuned to the sexual needs of physically handicapped persons. If possible, arrange to attend a sexuality workshop for the physically handicapped, or study up on the subject yourself. It will make you feel a lot better about yourself AND a lot more optimistic about your future in the sexual arena. Acceptance of what can and cannot be in this respect is key.

Here are some considerations when relating to a partner: Perhaps you might start by saying you're impotent to get them ready for a "sexual dysfunction"

and see how they react. Rent the video of Yentl or one of the other female-to-male films and have a long talk about the movie afterwards. It doesn't do any good to call the subject anything but what it is — sex change. Too many people know at least a little about the subject. Remember that you've been dealing with the issue all of your life; it will take more than a few days for them to resolve it in their mind. They'll go through a lot of changes, too. It may help if they read a book on the subject, or meet another transsexual. Don't expect to hide your past from your lover — you'll live with the fear that they'll come across someone you knew or an old photo, and how can they meet your family? But don't dwell on it. Keep it more clinical: for example, refer to when you were a "female," not a "woman." Don't use your former name in conversations about the past. Keep the picture vague and "sterile" (without details to create a real picture in their mind).

Another fact to consider: There are a lot of attractive desirable men who are selfish lovers. Use what you know about the female anatomy and sexual response to your advantage and you will be a far better lover for her. It is not unusual to discover that a man who seems to have everything to offer in actuality has nothing. Make a special point of observing other men. Especially look for stereotypical masculine qualities in them and evaluate yourself in comparison. You may discover that, when it comes right down to it, YOU have more "balls" than a lot of men!

Be aware, too, that once your change has commenced, it is not uncommon for sexual preference to expand or change to some degree of bisexuality as you explore the possibilities finally opened to you in your new life as a man.

A word of caution in this era of AIDS: Trans-

sexuals are at risk for contracting the virus for several reasons. Our low self-esteem and poor body image may discourage us from properly caring for our bodies in many ways. Because of our unusual physical conditions, it may seem more difficult to find lovers and, when we do, we may hesitate to introduce barriers, such as safer sex practices and may be tempted to just “go along” with whatever is happening. Our perception of ourselves as men may cause us to ignore our vaginal secretions and/or discourage use of a latex dental dam when someone performs oral sex on us, as dams are suggested for use with females.

Since the female-to-male has various physical statuses, he must adapt safer sex practices to his specific physical make-up. Whether he has a phalloplasty, genitoplasty or vaginectomy, he should take care not to exchange body fluids with his partner. Insistence on safer sex behavior can be a convenient “excuse” for refusing to engage in contact you find “too revealing” to your sexual partner.

Remember, throughout history (except for the past 60 years when penicillin was found effective against venereal disease) men have always had to protect themselves from sexually transmitted disease. Until the widespread use of birth control pills in the late 1960s, he was expected to use a condom as a birth control device. Having one handy was perceived as highly masculine. So don't feel burdened — practice safer sex and take care of that male body you fought so hard to attain!

Leaving the Lesbian World

A large portion of female-to-males live as lesbians prior to the realization that they are not, in fact, like

other lesbians and that they need to make the transition from female to male. A lesbian lifestyle provides a means for these individuals to express their primary emotional and erotic attraction towards women while in a female body. As time passes, a growing sense of discomfort in this lifestyle makes it increasingly difficult to maintain. Many female-to-males feel relieved to no longer have to maintain an identity which doesn't really fit. Others endure a sense of loss and confusion because they have invested so much of themselves into feminist concerns and lesbian culture. For these women the transition from female to male is fraught with specific difficulties and concerns.

As part of the lesbian subculture these individuals were privy to many women's negative feelings toward men and may have internalized these. She may experience a persistent feeling of guilt about her decision, a nagging sense that she is betraying women or defecting to the "enemy" camp. Most or all of her friends may be lesbians and she may fear their rejection or criticism. Some of these friends will suggest that her guilt is warranted, and these insensitive accusations will deepen her sense of betrayal and confusion.

In order to surmount these feelings of guilt and come to a sense of clarity and resolve concerning her decision, the female-to-male must realize that a process of conditioning has occurred as a result of living for so long within the lesbian subculture. As they begin to live as men, these individuals must re-evaluate these conditioned ideas and reactions to maleness, in order to identify, as objectively as possible, their own genuine feelings about masculinity and separate these from feelings and reactions they have internalized as a result of peer pressure. Other ideas about maleness may have been accepted with-

out question or careful examination and taken for granted as truth. Some female-to-males may find that as lesbians they were rejecting of men (or of what they felt to be male qualities) in an attempt to control and vanquish their own male impulses. This examination process can be painful and disorienting, but only through this process of intense self-examination and constant questioning of previously-held beliefs can the female-to-male come to a mature and positive outlook on his transition.

The former lesbian will also experience some culture shock as he begins to relate to women as a man instead of a lesbian woman. For the female-to-male who has championed feminist causes in his former life as a lesbian, it may be difficult at first to accept that now, in the eyes of women who don't know him, he is just "some guy" instead of a feminist hero. Perhaps women will not seem as friendly as they did previously, or as trusting. It may be difficult to accept that many women are afraid of men (particularly on the street late at night) or very distrustful in general, and that now YOU are a man. Others will ascribe mythical masculine powers to you (logic or a superior sense of direction) and it may become difficult to relate as just two people, as peers and equals. Of course, this is strange and disorienting for a former lesbian who is used to relating with women on just that basis.

The new man may also discover that many behaviors which in the context of the lesbian world were viewed as "butch," provocative, rebelliously arch, daring and cute, are regarded as merely obnoxious in the heterosexual world. For example, going to a lesbian strip show, hooting, hollering and panting at the strippers, is considered rebellious and refreshing to many lesbians, but men who frequent such places

are generally viewed as sexist pigs or simply pathetic. In the process of re-evaluation, the female-to-male will have to decide for himself whether these judgments are valid and how he will orient himself to the world as a heterosexual man.

Many female-to-males who lived as lesbians find that their true friends do not desert them in their transition. They also discover a whole new range of sexual partners and possibilities in life, outside of anything they might previously have imagined was possible. A lot of this depends upon each individual's unique response to the transition. A positive, determined and courageous attitude to these challenges is important.

All transsexuals must face the problem of finding sexual partners, and for the female-to-male who continues to be attracted to lesbian women, this can be complex. He may be gratified to find that some lesbians will make an "exception" for him based on his physiological, social and cultural background as female. However, this "exception" status may become problematic or disappointing if he finds that his lesbian partner regards him merely as a curious anomaly or "kinky" experiment. In addition, a lesbian woman may have difficulty relating to him as a man and not as a woman, which is of the utmost importance to the female-to-male. His lesbian partner may have entertained the notion that the female-to-male is actually a woman playing at being a man, because of his female history. She may reject him once she discovers that his deepest sexual motivations and instinctive fantasies are irrevocably masculine; in other words, that he "really is a man!" His lesbian partner may also try to use him as a convenient and presumably "safe" testing ground for her fantasies or

attractions to men and may eventually tire of this bisexual "phase" or experiment. She may be able to sleep with a man only on a periodic and casual basis but may be unable to commit herself to a male-female relationship.

However, it is equally possible to have a fulfilling, positive and enduring sexual relationship with a woman who identifies as a lesbian as long as she and the female-to-male are interested in each other as unique individuals. The truth is that a female-to-male, because of his unique vantage point and broad range of experience, can be an attractive and stimulating partner to any number of women with a whole range of sexual identifies, from heterosexual to bisexual to lesbian, when it is the person and not the label which is important.

Female-to-Gay Male Transsexuals

A 1970 sex study found that at least 20% of American men surveyed reported homosexual experiences to orgasm with another man at some time in their life. The data involved 1,450 men over age 21 nationwide. (Kinsey, 1970)

With this knowledge in mind, female-to-male men should allow themselves a similar degree of sexual experimentation.

Professionals in the gender field estimate that about 30% of male-to-female transsexuals live as lesbians after their transition. While informed gays may be aware of male-to-females who identify as lesbians, few have considered the possibility of a female becoming a gay man.

In all early cases published, female-to-male subjects expressed their desire to become straight

men and have sexual relationships with women. The very existence of the female-to-gay male had been categorically denied.

A recognized authority on the female-to-male wrote, "All female transsexuals are mentally excited by and attracted to females for sexual partners." (Pauly, Dr. Ira 1969)

Dr. Harry Benjamin stated unequivocally that "transsexual women fall deeply in love with normal or homosexual girls." (1966)

However, as early as 1925, sexologist Magnus Hirschfeld described heterosexual women with strong masculine traits, who said they felt they were homosexual men and who were strongly attracted to effeminate men. Hirschfeld, who championed gay rights in his time, had previously mentioned such individuals in his 1906 book *Wesen der Liebe*.

Although there are no requirements concerning sexual orientation (i.e., hetero- or homosexual inclination) in the Harry Benjamin International Gender Dysphoria Association's Standards of Care, gender clinics have rejected female-to-male applicants who express a sexual interest in men, even though male-to-female lesbians are accepted. Somehow these gender specialists understand the male who feels he's a lesbian, but not the female who feels she's a gay man.

If a female is attracted to men, wouldn't life be easier if she just remained a heterosexual woman? It should be obvious that being a straight woman is a lot different than being a gay man! While a female may be attracted to men, she may not wish to be treated as a woman, and she may not be comfortable in her female body. She may want to relate to men as another man would.

Gender identity ("I am a boy" or "I am a girl") has nothing to do with sexual orientation ("who do I want to have sex with?"). A woman can still "be a woman" and love a woman; and a female-to-male can love a man.

The female-to-gay male asks himself all the usual coming-out questions, with a long list of complications. "A gay man without a penis? But isn't the penis the most important thing to gay men?" This has no more foundation than to claim that heterosexual men only want women with large breasts.

Little by little, the female-to-gay male is being described in the professional literature. For more information see reading list.

Lothstein reported a case in 1983 of "a 17-year-old white female who expressed a wish to become a male ballet dancer and then to have 'homosexual' relationships with other men. This is the first reported case of a female transsexual with distorted, but clearly heterosexual interests who viewed herself as a male homosexual. ... The patient recalled that her first wishes for sex reassignment surgery occurred after she had gotten hold 'of some homosexual erotic literature that described sex among males.' She recalled that she 'got genitally wet and was disgusted with her genital wetness.' Her solution was to become a man and be penetrated by other men anally."

Another case was documented in "Heterosexual and Homosexual Gender Dysphoria" (1987): "A single, university-educated woman in her early 30s complained that she subjectively felt herself to be male and requested surgical sex reassignment. She was erotically attracted to homosexual males, particularly 'gentler, nonmacho gay men,' in relation to whom she felt herself more masculine. She expressed romantic

fantasies of being a man in a homosexual relationship with another male whom she could protect and care for, and there were less obviously erotic fantasies of protecting a homosexual male friend from being assaulted or ridiculed in public."

However, the real breakthrough in the professional recognition of the female-to-gay male was at the Tenth Harry Benjamin International Gender Dysphoria Association Symposium in 1987, when psychologist Walter Bockting of the Free University in The Netherlands reported the existence of nine female-to-gay males in the City of Amsterdam alone.

Almost concurrently, Dorothy Clare, Senior Psychologist at The London Hospital St. Clements, used the term "transhomosexuality" while documenting twelve cases of female-to-gay males in England.

This prompted Bockting to come to this country in order to locate and interview as many female-to-gay males as possible in the United States and Canada, in coordination with Dr. Eli Coleman of the University of Minnesota's Program in Human Sexuality in Minneapolis.

Finally the gender profession has opened their eyes to reconsider the interrelationship of gender identity and sexual orientation.

The Ingersoll Gender Center in Seattle now reports that the number of transsexuals attracted to members of their new gender seems to be consistent with the incidence of homosexuality in the general population: about one in ten.

Presentations about the female-to-gay male transsexual were made in September 1989 at the Eleventh Harry Benjamin International Symposium on Gender Dysphoria in Cleveland.

According to a case study of a female-to-gay

male transsexual entitled "Heterosexual Prior to Sex Reassignment - Homosexual Afterwards":

"His history resembles the typical history of a male with predominantly same-sex sexual interests coming to terms with his sexual identity and struggling to find relationships and to gain acceptance within a social network that includes family members. And his story supports the view that a male body is not a necessary element in the development of a [male] homosexual identity."

"Cases of female-to-male transsexuals who adopt a homosexual identity after reassignment surgery challenge our current understanding of sexual identity development, the relationship between gender identity and sexual orientation identity, and the definitions of 'male,' 'female,' 'heterosexual,' 'bisexual,' and 'homosexual.' These cases also call into question traditional views about the development of sexual orientation—views based upon theories of gender transposition or gender conformity." (Coleman and Bockting 1988)

"Obviously, the statement that all female-to-male transsexuals seek female sexual partners can no longer be made." (Pauly 1989)

Dr. Pauly has confirmed his intention to correct the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)* which now describes the female-to-male transsexual who marries a woman as a "homosexual transsexual," and the female-to-gay male as a "heterosexual transsexual," based on the individual's original biological sex (Pauly 1989). Hopefully this confusing terminology will be amended in DSM-IV to

reflect the true nature of these lives and identities.

TRANSSEXUALS AND CHILDREN

Whether yours or your partner's, children can create a major problem for any transsexual. No matter what custody agreements may say, you may be on shaky legal ground. Visitation rights may also be jeopardized. If the other parent contests, many judges would not be sympathetic to the female-to-male. A cordial relationship with the other parent is your best bet.

Guilt is a big problem. If you have a child and the child is a girl, you may feel she is losing a "role model," however weak a female model you have been. With sex reassignment children are losing a mother, and it may be temporarily impossible for you to play any kind of parental role. The turmoil involved in such a change, plus the upset of divorce, is of course hard on the child.

If the children are your partner's, it is easier to move into the "daddy" role; but you may still encounter problems if you and your partner separate.

Richard Green, M.D., who published *Sexual Identity Conflict in Children and Adults* in 1974, is surely the reigning expert on the subject of children with gender conflicts and/or children raised by parents with gender conflicts. In 1978, Green published his study of 37 children (18 males and 19 females) who were being raised by female homosexuals or transsexual parents (21 by female homosexuals, 7 by male-to-female transsexuals, and 9 by female-to-male transsexuals). The children ranged in age from 3 to 20 years. According to Green:

"[To summarize] the data on the 9 children

raised by 4 female-to-male transsexuals: Four of these children were unaware that their 'stepfather' or 'father' was transsexual, whereas the others knew of their parent's transsexuality. Four girls recall seeing their biological mother emerge through androgen treatment and sex-reassignment surgery to become their 'legal father' and then marry their 'stepmother.' All of these girls are feminine and heterosexually oriented.

"Two boys had been unaware of the continuing female anatomic morphology of their 'stepfather' for 14 years. These boys are masculine and heterosexually oriented. Two children were 3 and 2 years old when their mother became their 'father,' and they have no conscious memory of the transformation. All of these children who have reached adolescence are heterosexually oriented.

"[In one family] the biological mother of 4 girls underwent sex reassignment via androgen treatment and extensive reconstructive surgery. Until the 4 daughters were aged 4-9, the mother appeared normal and seemed to have a conventional marriage with the children's biological father. At that time her desire to become a man became increasingly strong and she left her husband. She continued to live with the children. Shortly after leaving her husband she met a woman with whom she fell in love. Within a year she began dressing as a man all of the time and receiving androgen injections. She told the children that she felt more like a man than a woman and that over time she was to undergo medical treatments that would enable her to become a man. She achieved a legal sex status change and remarried as a man. Litigation ensued, and the court ruled that the former mother was the

legal father of the 4 children.

"The daughters ranged in age from 13 to 18 at the time of the study. The 18-year-old is a mother and lives away from home. She was not interviewed but is described by parents and/or siblings as being feminine and exclusively heterosexual and as never having been a 'tomboy' during her preteen years. Two of the 3 daughters who were interviewed have a basic female identity, lack a 'tomboy' history, are typically feminine teenagers, and are heterosexually oriented. The fourth and youngest sibling, age 13, is evolving out of a 'tomboy' phase and is beginning to develop romantic crushes on boys. None reported any desire to become a male or any homosexual fantasies.

"Several factors must be considered when one looks at the potential influence on a child of having a transsexual or homosexual parent: the age and sex of the child, the sex of the transsexual or homosexual parent, the age at which the child becomes aware of the atypical nature of the family, explanations given to the child, the extent to which the parent attempts to convince the child of the benefits of an atypical sexual lifestyle, the credibility in appearance and personality of the converted transsexual, and the availability of surrogate typical parents and alternative role-modeling figures outside the immediate family.

"... based on the best indicators of emerging sexual identity, psychosexual development appears to be typical in at least 36 of the 37 children described in this paper. ... Children who are teenagers or young adults and have had a longer experience with transsexual or homosexual parents give more evidence that sexual identity has not

been dramatically affected: all have developed a typical sexual identity, including heterosexual orientation.

“What factors might account for the apparently conventional psychosexual development in these children who live in unconventional families? One explanation may be that children do not live in a universe composed entirely of their home environment. Children spend many hours watching television and reading and are exposed through mass media to conventional family styles and conventional patterns of psychosexual development. Much of the child’s experience is at school and in nonschool recreation with the peer group. The peer group members and their families also present conventional family patterns. We do not know how much parental style contributes to a child’s style of psychosexual development, but clearly it is not the only contributing factor. The children I interviewed were able to comprehend and verbalize the atypical nature of their parents’ lifestyles and to view that atypicality in the broader perspective of the cultural norm.

“At this stage I tentatively suggest that children being raised by transsexual or homosexual parents do not differ appreciably from children raised in a more conventional family settings on macroscopic measures of sexual identity.” (Green 1978)

CONTACTS / REFERRALS

The lack of a crossgender peer group is a gaping reality for most female-to-males. While all transvestites/transsexuals are a hidden minority, female-to-males are even more hidden within that minority.

There may be no one with whom to discuss the subject. Female-to-males may seek support from the general male-to-female transvestite/transsexual community and, while the female-to-male and the male-to-female experience many similarities in their transitions, in many instances trying to discuss female-to-male questions with the male-to-female may result in the female-to-male's feeling even more isolated and alone. The male-to-female is necessarily preoccupied with the very notions from which the female-to-male hopes to escape and it may be extremely hard for the male-to-female to empathize with someone who embraces the masculine. The contact of the two opposites sometimes only serves to accentuate the polarities, rather than exploring the similarities.

The major task of the female-to-male is to (all by himself) openly define his innermost feelings, and find a place for those feelings in his life. It is no wonder the female-to-male (in comparison to his male-to-female counterpart) is said to be of a more stable and logical demeanor — he must be an especially strong person to forge his way along seemingly virgin ground. However, there are female-to-males (in stages from transvestic to post-operative) who are interested in extending support to one another and exchanging information. The following is a list of female-to-male contact and referral groups, and a brief description of the services they provide:

FTM

1827 Haight Street #164

San Francisco, CA 94117

Quarterly newsletter and get-togethers

Steve Dain, B.A., M.A., D.C.
P O Box 684
Union City, CA 94587
(415) 487-6460
Peer Counselor

John A.
c/o S.G.
P O Box 615
Tenafly, NJ 07670
(201) 224-7843
Newsletter and support group

Gender Worker
Box 1224, Station A
Toronto Ontario Canada M5W 1G7
Counselor, educator, researcher, book
distributor

J2CP Information Services
P O Box 184
San Juan Capistrano, CA 92693-0184
Info packet via first-class postage: \$30

Ingersoll Gender Center
1812 East Madison, Suite 106
Seattle, WA 98122-2843
(206) 329-6651
Support groups, Therapy and Medical
referrals, Educational material & Presen-
tations.

REFERENCES

Association, Harry Benjamin International Gender Dysphoria "Standards of Care", March 1981

Arthur, Bruce. "Interview with a Female Transvestite," Nugget Yearbook, 1980.

Benjamin, Harry. *The Transsexual Phenomenon*, New York: Warner Books, Inc. 1966.

Coleman, Eli and Bockting, Walter O.. "Heterosexual Prior to Sex Reassignment — Homosexual Afterwards: A Case Study of a Female-to- Male Transsexual," *Journal of Psychology and Human Sexuality* 1:2, 1988.

Cornell University Medical College, The New England Journal of Medicine, 1979

Durden, Smith, Jo and deSimone, Diane. *Sex and the Brain* New York: Warner Books, Inc. 1983.

Fleming, Carol *The Sound of Your Voice*

Friday, Nancy. *My Secret Garden*, New York: Pocket Books, 1973.

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*, Englewood Cliffs: Prentice-Hall, Inc. 1963.

Green, Richard. "Sexual Identity of 37 Children Raised by Homosexual or Transsexual Parents," *American Journal of Psychiatry* 135:6, 1978.

Henry, George W. *All the Sexes*, New York, 1955.

Hirschfeld, Magnus *Wesen der Liebe.*, 1906

Hirschfeld, Magnus *Die Transvestiten: Eine Untersuchung über den Erotischen Verkleidungstrieb*, Berlin: Alfred Pulvermacher, 1910.

Hirschfeld, Magnus *Die Transvestiten*, 1925

Kinsey, 1970

Linver, Sandy *Speak Easy: How to Talk Your Way to the Top*

Molloy, John T. *New Dress for Success*, New York: Warner Books, 1988

Money, John and Anke Ehrhardt. *Man and Woman, Boy and Girl: Differentiation and Dimorphism of Gender Identity From Conception to Maturity*, Baltimore: The Johns Hopkins University Press, 1972.

Pauly, Ira B. "Sexual Preference of Transsexuals," paper presented at the Harry Benjamin International Gender Dysphoria

Association Symposium, Cleveland, Ohio, 1989.

Simon, A. *Society's Reaction to the Disabled*

Stoller, Robert J. *Sex and Gender*, New York: Science House, 1968.

Appendix A READINGS

BIOGRAPHIES, FICTION AND NONFICTION:

The Life and Adventures of Mrs. Christian Davis commonly called Mother Ross, by her own mouth, London, 1740.

The Female Soldier, or the Surprising Adventures of Hannah Snell, London, 1750.

An Historical and Physical Dissertation on the Case of Catherine Vizzani, containing the adventures of a young woman who for eight years passed in the habit of a man, by G. P. S. Bianchi, London, 1751.

The Remarkable Narrative of Cordelia & Edwin; or the Female Wanderer, by Anonymous, 1849.

The Female Review: Life of Deborah Sampson, by Herman Mann, 1797; Boston, 1866. Reprinted in New York by Arno Press, 1972.

The Life and Surprising Adventures of Mary Ann Talbot in the name of John Taylor, related by herself, London,

1809.

The Female Husband, by Henry Fielding, 1746; Liverpool, 1960, reprinted as *The Surprising Adventures of a Female Husband*, London, 1813.

A Narrative of the Life of Mrs. Charlotte Charke written by herself, by Charlotte Charke, 1755. Reprinted London, 1929.

The Awful Beacon...by One Who In Disguise Served Three Years as a Marine on Board the Frigate Constitution, by Lucy Brewer West. Boston: Printed for N. Coverly, Jr., 1816.

Narrative of Lucy Ann Lobdell, the Female Hunter of Delaware and Sullivan Counties, New York, by Lucy Ann Lobdell. New York: Published by the authoress, 1855.

Cecil Dreeme, by Theodore Winthrop. Boston: Ticknor and Fields, 1861.

Female Warriors, by Ellen C. Clayton. London: Tinsley Bros., 1879. 2 volumes.

Psychopathia Sexualis, by Dr. Richard von Krafft-Ebing. Stuttgart, Germany, 1886. Reprinted in New York by G.P. Putnam's Sons, 1965.

"Sexual Inversion in Women," *Studies in the Psychology of Sex*, by Havelock Ellis. New York: Random House, 1906.

"Women as Men," in *Famous Imposters*, by Bram

Stoker. New York: Sturgis & Walton, 1910.

Women in War, by Francis Gribble. New York: E. P. Dutton & Co., 1917.

Ladies of the Underworld, by Netley Lucas. Cleveland: Goldsmith Publ. Co., 1927.

The Well of Loneliness, by Radclyffe Hall. Copyright 1928 by the authoress. New York: Doubleday.

Forgotten Ladies, by Richard Wright. Philadelphia: Lippincott, 1928, pages 93-104, 118-20, 301-02.

Gallant Ladies, by Cameron Rogers. New York: Harcourt, Brace & Co., 1928.

Adventuresses and Adventurous Ladies, by Edmund B. D'Auvergne. New York: J. H. Sears & Co.

Mademoiselle de Maupin, by Theophile Gautier. New York: Grosset & Dunlap, 1930.

Women in Men's Guise, by Oscar Paul Gilbert. London: John Lane, 1932.

Christina of Sweden, by Margaret Goldsmith. New York: Doubleday, 1935.

"Yentl the Yeshiva Boy," a short story by Isaac Bashevis Singer, 1950.

The Bold Women, by Helen Beal Woodward. New York: Farrar, Straus and Young, 1953. Chapter on Dr. Mary Walker.

The Strange Story of Dr. Barry, by Isobel Rae. London: Longmans Green, 1958.

She Rode With the Generals, by Sylvia G. L. Dunnett, on the life of Sarah Emma Evelyn Edmonds [Franklin Thompson]. New York: Nelson, 1960.

Dr. Mary Walker: The Little Lady in Pants, by Charles McCool Snyder. New York: Vantage, 1962.

Mountain Charley, or the Adventures of Mrs. E. J. Guerin, Who Was 13 Years in Male Attire, by Mrs. E. J. Guerin. Oklahoma: University of Oklahoma Press, 1968.

Patience and Sarah, by Isabel Miller. Copyright 1969 by the authoress. New York: McGraw Hill.

The Mysteries of Sex: Women Who Posed as Men and Men Who Impersonated Women, by C. J. S. Thompson. New York: Causeway, 1974.

The Destiny of Isabelle Eberhardt, by Cecily Mackworth. New York: Ecco Press, 1975; reprinted 1986.

"Passing Women 1782-1920," *Gay American History, A Documentary* by Jonathan Katz. New York: Avon Books, 1976, pages 317-422.

"Masquerade: Women in Drag," by Dorothy Lyle, in *Lesbian Lives*, eds. Barbara Grier & Coletta Reid. Baltimore: Diana Press, 1976.

Emergence: A Transsexual Autobiography, by Mario

Martino, with harriett. New York: Crown Publishers, 1977.

The Perfect Gentleman, by June Rose. About Dr. James Barry. London: Hutchinson, 1977.

I'm Deborah Sampson: A Soldier in the War of the Revolution, by Patricia Clapp. New York: Lothrop, Lee & Shepard, 1977.

Dressing Up: Transvestism and Drag, The History of an Obsession, by Peter Ackroyd. New York: Simon & Shuster, 1979.

Journal of a Transsexual, by Diane Leslie Feinberg. A pamphlet by the Workers World Party, World View Publishers, New York, 1980.

Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century French Hermaphrodite, trans. by Richard McDougall. New York: Pantheon Books, 1980.

Joan of Arc: The Image of Female Heroism, by Marina Warner. New York: Alfred A Knopf, 1981.

The Gender Trap, by Chris Johnson & Cathy Brown with Wendy Nelson. New York: Proteus, 1982.

Gay/Lesbian Almanac: A New Documentary, by Jonathan Ned Katz. New York: Harper & Row, 1983.

Another Mother Tongue, by Judy Grahn. Boston: Beacon Press, 1984.

High Hearts, by Rita Mae Brown. New York: Bantam Books, 1986.

Bodysock: The truth about changing sex, by Liz Hodgkinson. London: Columbus Books, Ltd., 1987.

"Passing Women: A Study of Gender Boundaries in the Eighteenth Century," by Lynne Friedli, in *Sexual Underworlds of the Enlightenment*, eds. G.S. Rousseau and Roy Porter. Chapel Hill: University of North Carolina Press, 1988.

Gender Blending: Confronting the Limits of Duality, by Holly Devor. Bloomington, IN: Indiana University Press, 1989.

Isabelle: The Life of Isabelle Eberhardt, by Annette Kobak. New York: Alfred A. Knopf, 1989.

Vagabond, by Isabelle Eberhardt. Semi-autobiographical novel. Translation by Annette Kobak. Lond; Hogarth Press, 1988.

Michael, nee Laura: The Story of Dr. Michael Dillon, The World's First Female-to-Male Transsexual, by Liz Hodgkinson. London: Columbus Books, Ltd., 1989.

The Tradition of Female Transvestism in Early Modern Europe, by Rudolf M. Dekker and Lotte C. Van de Pol. New York: St. Martin's Press, 1989.

"'She Even Chewed Tobacco': A Pictorial Narrative of Passing Women in America," by the *San Francisco Lesbian and Gay History Project*, pgs. 183-94; and "The Mythic Mannish Lesbian: Radclyffe Hall and the New

Woman," by Esther Newton, pgs. 281-93, in *Hidden from History: Reclaiming the Gay & Lesbian Past*, edited by Martin Duberman, et al. New York: New American Library, 1989.

From Female to Male: The Life of Jack Bee Garland, by Louis G. Sullivan. Boston: Alyson Publications, 1990.

"The Women Pirates: Ann Bonney & Mary Read", a play by Steve Gouch, London: Pluto Press Ltd., 1978

Joan of Arc: An Anthology of History & Literature; Edited by Edward Wagenknecht, New York: Creative Age Press, 1948

Pope Joan by Emmanuel Royidis, Translated by Laurance Durrell, New York: E. Dutton & Co., 1961.

EDUCATIONAL:

Die Transvestiten: Eine Untersuchung uber den Erotischen Verkleidungstrieb, by Magnus Hirschfeld. Berlin: Alfred Pulvermacher, 1910. Also abstracted in *Sexual Anomalies*, New York: Emerson Books, 1956.

Sexual Pathologie. Ein Lehrbuch fur Artze und Studierende, by Magnus Hirschfeld. Bonn: Marcus & Weber, 1922.

The Transsexual Phenomenon, by Harry Benjamin, M.D. New York: Julian Press, 1966. Reprinted in New York by Warner Books, 1977.

Transsexualism and Sex Reassignment, eds. Richard Green, M.D., and John Money, Ph.D. Baltimore:

Johns Hopkins University Press, 1969.

The Male: A Comprehensive and Clearly Written Guide to the Male Sexual System, by Sherman J. Silber, M.D. New York: Charles Scribner's Sons, 1981.

"Transvestism: Persecution and Impunity," *Surpassing the Love of Men: Romantic Friendship and Love Between Women from the Renaissance to the Present*, by Lillian Faderman. New York: William Morrow & Co., 1981.

The G Spot, and Other Recent Discoveries about Human Sexuality, by A. K. Ladas, B. Whipple, and J. D. Perry. New York: Dell, 1982.

The Love Muscle, by Bryce Britton. New York: The New American Library, 1983.

The Uninvited Dilemma: A Question of Gender, by Kim Stuart, 1983. Interviews with 20 female-to-males. This is an excellent book; highly recommended reading for family and friends of female-to-males. Order from Metamorphous Press, P O Box 1712, Lake Oswego OR 97034, phone (503) 635-6709. Separate research supplement available.

Female-to-Male Transsexualism: Historical, Clinical, and Theoretical Issues, by Leslie Martin Lothstein. Boston: Routledge & Kegan Paul, 1983. CAUTION! This text is riddled with unsubstantiated conjectures and blatant inaccuracies. It was immediately denounced by experts in the gender profession. Included here in order to issue this warning.

What a Drag: Men as Women & Women as Men in the Movies, by Homer Dickens. New York: Quill, 1984.

Great Pretenders: A History of Female and Male Impersonation in the Performing Arts, by Anthony Slide. Lombard, Ill.: Wallace-Homestead Books, 1986.

"Metamorphosis Newsletter and Magazine for the Female-to-Male." 33 back issues, 1982-87. \$86 total; sample issue \$3.50. Order from Gender Worker, Box 1224, Station A, Toronto Ontario Canada M5W 1G7.

Sexual Variance in Society and History, by Vern L. Bullough, Chicago: University of Chicago Press, 1976. A number of references to women who lived as or passed as men.

ARTICLES:

"The wish to be a man," Hanns Sachs, *Int J Psychoanal* 1919; 1: 262.

"Transvestism and other cross-sex manifestations," N.S. Yawger, *Journal of Nervous & Mental Disorders* 1940; 92:41.

"Analysis of a case of transvestism," E. Gutheil, in *Sexual Aberrations, Vol. 2*, W. Stekel. New York: Liveright, 1940, pp.281-318.

"Reconstruction of the male genitalia," A. P. Frumkin, *Annual Review of Soviet Medicine* 1944; 2:214.

"Dream life in a case of transvestism," B. Karpman,

Journal of Nervous & Mental Disorders 1947; 106: 292-337.

"Congenital absence of the penis," H. D. Gillies, R.J. Harrison, Br J Plast Surg 1948; 1:8. This article is the first description of phallic reconstruction in a female transsexual.

"Plastic reconstruction of the penis," R. T. Bergman, et al., Journal of Urology 1948; 59: 1174-68.

"Phalloplasty," W. E. Goodwin, W. W. Scott, Journal of Urology 1952; 68: 903-8.

"A case of a female transvestite with marital and criminal complications," R. S. Redmount, Journal of Clinical & Experimental Psychopathy 1953; 14: 95-111.

"Female transvestism and homosexuality," H. Barahal, Psychiatric Qtrly 1953; 27: 390-438.

"Total reconstruction of the penis," R. Farina, E. G. Frier, Plastic & Reconstructive Surgery 1954; 14: 351-6.

"Total reconstruction of the penis," J. Gelb, et al., Plastic & Reconstructive Surgery 1959; 24: 62-73.

"An interpretation of projective findings in a case of female transsexualism," R. McCully, Journal of Projective Techniques & Personality Assessment 1963; 27: 436-46.

"Buried skin-strip urethra in tube pedicle phalloplasty,"

A.J.Evans, British Journal of Plastic Surgery 1963; 16: 280-6.

"Female psychosexual inversion: transsexualism," I. Pauly, Summaries of the Scientific Papers of the 119th Annual Meeting of the American Psychiatric Assoc., Washington D.C., 1963.

"A case of transvestism in a 17-year-old girl," G. Philippopoulos, Acta Psychother et Psychosomat 1964; 12: 29-37.

"Clinical aspects of transsexualism in male and female," H. Benjamin, American Journal of Psychotherapy 1964; 18: 458-9.

"Role of identifications in homosexuality and transvestism in men and women," by L. H. Rubenstein, in *Pathology and Treatment in Sexual Deviation*, I. Rosen. London: Oxford Univ. Press, 1964, pp.163-95.

"Scrotal construction and reconstruction," D. R. Millard, Plastic & Reconstructive Surgery 1966; 38:10.

"Transvestism and transsexualism in the male and female," H. Benjamin, Journal of Sex Research 1967; 3: 107-27.

"A case of female transsexualism," R. Simon, American Journal of Psychiatry 1967; 123: 1598-1601.

"Sexual dimorphism in the psychology of female transsexuals," John Money, J. G. Brennan, Journal of Nervous & Mental Disorders 1968 Nov; 147(5): 487-99.

"Five cases of transsexualism in females," J. H. Vogt, *Acta Psychiatr Scand* 1968; 44(1): 62-88.

"Sex conversion operation in female transsexualism," R. Kluzak, *Acta Chir Plast (Praha)* 1968; 10(3): 188-98.

"A case of female transsexualism," G. M. Warner, M. Lahn, *Psychiatry Qtrly* 1970; 44(3) 576-87.

"Female transsexualism," D. Christodorescu, *Psychiatry Qtrly* 1971; 4: 40-5.

"When a woman becomes a man," C. Ihlenfeld, *Sexology* 1972 Jun.

"Etiological factors in female transsexualism: a first approximation," R. J. Stoller, *Archives of Sexual Behaviour* 1972 Jun; 2(1): 47-64.

"My daughter changed sex," *Good Housekeeping* 1973 May; 78: 37+.

"Women who marry ex-women; sex change marriages: gay or het?" *The Advocate* June 6, 1973, p. 14.

"Plasma testosterone levels and female transsexualism," J. R. Jones, J. Samimy, *Archives of Sexual Behaviour* 1973 Jun; 2(3): 251-66.

"The surgical construction of male genitalia for the female-to-male transsexual," J.M. Noe, D. Birdsell, D. R. Laub, *Plastic & Reconstructive Surgery* 1974 May; 53(5): 511-6.

"Female transsexualism: part I," I. B. Pauly, Archives of Sexual Behaviour 1974 Nov; 3(6): 487-507.

"Female transsexualism: part II," I. B. Pauly, Arch Sex Behav 1974 Nov; 3(6): 509-26.

"Official re-registration of a female transsexual following medical treatment," S. A. Strauss, Forensic Science 1974 Feb; 3(1): 19-29.

"Surgical construction of the male external genitalia," J. E. Hoopes, Clinical Plastic Surgery 1974 Apr; 1(2): 325-34.

"Female transsexuality," Perspectives in Psychiatric Care 1975 Apr/Jun; 13(2): 83.

"Homosexuality in the female," F. E. Kenyon, British Journal of Psychiatry 1975; Spec No 9: 185-200.

"Gender identity crises in young schizophrenic women," Terrence Calnen, Perspect Psychiatric Care 1975 Apr-Jun; 13(2): 83-89.

"A body image scale for evaluating transsexuals," T.W.Lindgren, I. B. Pauly, Archives of Sexual Behaviour 1975 Nov; 4(6): 639-56.

"Reconstruction of the male external genitalia," R. J. Boxer, Surgery, Gynecology, & Obstetrics 1975 Dec; 141(6): 939-44.

"Female transsexualist with abnormal karyotype," letter by E. Videla, N. Prigoshin, Lancet 1976 Nov 13;

2(7994): 1081.

"Male women, female men," *New Republic* 1976 Oct 9; 175: 8-9.

"Psychopathology in female sex-change applicants and two help-seeking controls," H. B. Roback, et al., *Journal of Abnormal Psychology* 1976 Aug; 85(4): 430-2.

"Transsexuals: Looking for an honest reflection," Mark Thompson, *The Advocate* Oct. 6, 1976, p. 14.

"Body image and gender identity," Ira Pauly, et al, *Journal of Homosexuality* 1976-77 Win; 2(2): 133-42.

"Familial factors influencing female transsexualism," T. Buck, master's thesis, Smith College School for Social Work, Northhampton, Mass., 1977.

"Role expectations and definitions: a comparison of female transsexuals and lesbians," E. A. McCauley, A.A. Ehrhardt, *Journal of Homosexuality* 1977 Winter; 3(2): 137-47.

"Plasma testosterone values in transsexual women," I. Spiova, L. Starka, *Archives Sexual Behaviour* 1977 Nov; 6(6): 477-81.

"Plasma testosterone level and menstrual cycle," *Archives of Sexual Behaviour* 1977 Nov; 6(6): 477.

"Liver damage from long-term methyltestosterone," letter by D. R. Bird, K. D. Vowles, *Lancet* 1977 Aug 20;

2(8034): 400-1.

"Gender identity change in a female adolescent transsexual," C. W. Davenport, S. I. Harrison, *Archives of Sexual Behaviour* 1977 Jul; 6(4): 327-40.

"Gender role and sexuality in transsexual women as compared to homosexual and heterosexual women," Gemma Maria Nachbar, 1977 Dissertation Abstracts Vol. 38/03-B.

"Female transsexualism," Dissertation Abstract Intl 1978 May; 38: 118.

"Liver damage from long-term methyltestosterone," D. Westaby, et al., *Lancet* 1977 Aug 6; 2(8032): 262-3.

"Suicide attempts in a female-to-male transsexual," S. Herschkowitz, R. Dickes, *Am J Psychiatry* 1978 Mar; 135(3): 368-9.

"Abnormal gonadotropin secretory responses to LRH in transsexual women after diethylstilbestrol priming," L. E. Seyler, Jr., et al., *Journal of Clinical Endocrinol Metabolism* 1978 Jul; 47(1): 176-83.

"Verbal characteristics of male and female transsexuals," J. C. Kenna, J. Hoenig, *Psychiatric Cliniology (Basel)* 1978; 11(4): 233-6.

"An androgen-associated hepatic adenoma in a transsexual," G. B. Coombes, et al., *British Journal of Surgery* 1978 Dec; 65(12): 869-70.

"A case of personation," J. R. Ball, R. Emmerson,

Medical Journal of Australia 1978 Aug 26; 2(5): 198-201.

"Sexual identity of 37 children raised by homosexual or transsexual parents," R. Green, American Journal of Psychiatry 1978 Jun; 135(6): 692-7.

"Construction of male genitalia: the Stanford experience," J. M. Noe, R. Sato, C. Coleman, D. R. Laub, Archives of Sexual Behaviour 1978 Jul; 7(4): 297-303.

"Construction of male genitalia in the transsexual, using a tubed groin flap for the penis and a hydraulic inflation device," C. L. Puckett, J. E. Montie, Plastic & Reconstructive Surgery 1978 Apr; 61(4): 523-30.

"One-stage reconstruction of the penis," T. R. Hester, et al, British Journal of Plastic Surgery 1978; 31: 279.

"Creation of a male chest in female transsexuals," W. R. Lindsay, Annals of Plastic Surgery 1979 Jul; 3(1): 39-46.

"A mythic search for identity in a female-to-male transsexual," M. Fleming, C. Ruck, Journal of Analytical Psychology 1979 Oct; 24(4): 298-313.

"Comment on 'A mythic search for identity in a female-to-male transsexual,' J. W. Redfearn, Journal of Analytical Psychology 1979 Oct; 24(4): 314-7.

"Psychopathology in self-identified female-to-male transsexuals, homosexuals and heterosexuals," D. S. Strassberg, et al., Archives of Sexual Behaviour 1979 Nov; 8(6): 491-6.

"Female-to-male transsexuals compared to lesbians: behavioral patterns of childhood and adolescent development," A. A. Ehrhardt, G. Grisanti, E. A. McCauley, Archives of Sexual Behaviour 1979 Nov; 8(6): 481-90.

"EEG abnormalities and transsexualism," J. Hoenig, J. C. Kenna, British Journal of Psychiatry 1979 Mar; 134: 293-300.

"The aging gender dysphoria (transsexual) patient," L. M. Lothstein, Archives of Sexual Behaviour 1979 Sep; 8(5): 431-44. Study of 8MTF's and 2 FTM's.

"Sex hormones and female homosexuality: a critical examination," H. F. Meyer-Bahlburg, Archives of Sexual Behaviour 1979 Mar; 8(2): 101-19.

"Parental contact in male and female transsexuals," N. Uddenberg, J. Walinder, T. Hojerback, Acta Psychiatr Scand 1979 Jul; 60(1): 113-20.

"Results of phalloplasty," B. J. Dubin, R. M. Sato, D. R. Laub, Plastic & Reconstructive Surgery 1979 Aug; 64(2): 163-70.

"Spontaneous rupture of a liver cell adenoma after long-term methyltestosterone," D. Bird, et al., British Journal of Surgery 1979 Mar; 66(3): 212-3.

"The use of art in understanding the central treatment issues in a female-to-male transsexual," M. Fleming, J. Nathans, Art of Psychotherapy (Oxford) 1979; 6: 25-35.

"Draw-a-Person Test: implications for gender identification," M. Fleming, et al., Archives of Sexual Behaviour 1979 Jan; 8(1): 55-61.

"Developments in gender identity: gender differentiation in girls," I. Fast, International Journal of Psychoanalysis 1979; 60: 443-53.

"Transsexual surgery," Cosmopolitan Magazine, Nov 1979.

"Female transsexualism in Singapore: a report on 20 cases," W.F.Tsoi, L. P. Kok, Aust NZ Journal of Psychiatry 1980 Jun; 14(2): 141-3.

"Female transsexualism — a child and adolescent perspective," S. J. Bradley, Child Psychiatry & Human Development 1980 Fall; 11(1): 12-8.

"Sexual behavior in female transsexuals and lesbians," Journal of Sexual Research 1980 Aug; 16(3): 202-11.

"The post-surgical transsexual: empirical and theoretical considerations," Leslie Lothstein, Archives of Sexual Behaviour 1980 Dec; 9(6): 547-64.

"Questioning current definitions of gender identity: implications of the Bem Sex-Role Inventory for transsexuals," M. Z. Fleming, et al., Archives of Sexual Behaviour 1980 Feb; 9(1): 13-26.

"Transsexualism as a nosological unity in men and women," T. Sorensen, P. Hertoft, Acta Psychiatr Scand

1980 Feb; 61(2): 135-51.

"Pseudotranssexualism: iatrogenic gender dysphoria,"
T. N. Wise, J. Lucas. *Journal of Homosexuality* 1981
Spring; 6(3): 61-6.

"A follow-up study of operated transsexual females,"
T. Sorensen, *Acta Psychiatr Scand* 1981 Jul; 64(1):
50-64.

"Physical and hormonal evaluation of transsexual
patients during hormonal therapy," W. J. Meyer, III, et
al., *Archives of Sexual Behaviour* 1981 Aug; 10(4):
347-56.

"Outcome of sex reassignment surgery for transsexu-
als," I. B. Pauly, *Australian & New Zealand Journal of
Psychiatry* 1981 Mar; 15(1): 45-51.

"A study of pre- and postsurgical transsexuals: MMPI
characteristics," M. Fleming, et al., *Archives of Sexual
Behaviour* 1981 Apr; 10(2): 161-70.

"Transsexuals: a special report," *San Francisco
Chronicle*, Nov 30, Dec 1, 1981.

"Partnership in transsexualism, Part I: paired and
nonpaired groups," P.J. Huxley, et al., *Archives of
Sexual Behaviour* 1981 Apr; 10(2): 133-41.

"Partnership in transsexualism, Part II: the nature of
the partnership," P. J. Huxley, et al., *Archives of
Sexual Behaviour* 1981 Apr; 10(2): 143-60.

"Female-to-male transsexuals and their partners," B.

W. Steiner, S. M. Bernstein, Canadian Journal of Psychiatry 1981 Apr; 26(3): 178-82.

"A psychological profile of the transsexual, II: The female," L. R. Derogatis, J. K. Meyer, P. Boland, Journal of Nervous & Mental Disorders 1981 Mar; 169(3): 157-68.

"The Vittitow twins face the taunts and trauma of a sex change," People Weekly 1982 May 31; 17: 108+.

"Free flap phalloplasty," C. L. Puckett, et al., Journal of Urology 1982 Aug; 128(2): 294-7.

"Transvestism in women," R. J. Stoller, Archives of Sexual Behaviour 1982 Apr; 11(2): 99-115.

"Male and female transsexualism: the Danish experience with 37 patients," T. Sorensen, P. Hertoft, Archives of Sexual Behaviour 1982 Apr; 11(2): 133-55.

"The body image of the postoperative female-to-male transsexual," M. Z. Fleming, et al., Journal of Consulting & Clinical Psychologists 1982 Jun; 50(3): 461-2.

"Preliminary results of Rorschach protocols of pre- and post-operative transsexuals," M. Fleming, et al., Journal of Clinical Psychology 1982 Apr; 38(2): 408-15.

"I'm Me!" A female-to-gay male comic strip, Gay Comix #3 Dec 1982.

"Female-to-male transsexual conversion: a 15-year

follow-up, D. W. Foerster, *Plastic & Reconstructive Surgery* 1983 Aug; 72(2): 237-40.

"Measuring masculine gender identity in females," R. Blanchard, K. Freund, *Journal of Consulting & Clinical Psychologists* 1983 Apr; 51(2): 205-14.

"Normal plasma gonadotropin response to gonadotropin-releasing hormone after diethylstilbestrol priming in transsexual women," M. Wiesen, W. Futterweit, *Journal of Clinical Endocrinology & Metabolism* 1983 Jul; 57(1): 197-9.

"Follow-up of females with gender identity disorders," E. McCauley, A. A. Ehrhardt, *Journal of Nervous & Mental Disorders* 1984 Jun; 172(6): 353-8.

"The bladder flap for urethral reconstruction in total phalloplasty," M. T. Edgerton, J. G. Kenney, et al., *Plastic & Reconstructive Surgery* 1984 Aug; 74(2): 259-66.

"Forearm flap in one-stage reconstruction of the penis," Ti-Sheng Chang, Wen-Yi Hwang, *Plastic & Reconstructive Surgery* 1984 Aug; 74(2): 251-58.

"Ego development in female-to-male transsexual couples," M. Fleming, et al., *Archives of Sexual Behaviour* 1984 Dec; 13(6): 581-94.

"Outcome of sex reassignment surgery," I. Pauly, et al., *Acta Psychiatr Scand* 1984 Oct; 70(4): 289-94.

"Estrogen positive feedback on LH secretion in transsexuality," L.J. Gooren, et al.,

Psychoneuroendocrinology 1984; 9(3): 249-59.

"Black female transsexuals and schizophrenia: a serendipitous finding?," L.M. Lothstein, H. Roback, Archives of Sexual Behaviour 1984 Aug; 13(4): 371-86.

"Psychosocial characteristics of applicants evaluated for surgical gender reassignment," J. Van Maasdam, et al., Archives of Sexual Behaviour 1984 Jun; 13(3): 269-76.

"Transsexualism in the adolescent girl," M.K. Dulcan, P. A. Lee, Journal of the American Academy of Child Psychiatry 1984 May; 23(3): 354-61.

"16-33 year old white female-to-male transsexual," Journal of Nervous & Mental Disorders 1984 Jun; 172(6): 353.

"Female-to-male transsexualism and sex roles: self and spouse ratings on the PAQ," M. Z. Fleming, et al., Archives of Sexual Behaviour 1984 Feb; 13(1): 51-7.

"Micropenis: Adult follow-up and comparison of size against new norms," J. Money, et al., Journal Sexual & Marital Therapy 1984; 10(2): 105-14.

"Transsexual sisters," P. R. Joyce, L. Ding, Australian & New Zealand Journal of Psychiatry 1985 Jun; 19(2): 188-9.

"Transsexual problem," Theresa L. Crenshaw, *Med Asp Human Sex* 1985 Dec; 19(2): 53-56.

"The myth of male superiority," *Psychiatric Annals* 1985 Dec; 15(12): 715-24.

"The dyadic adjustment of female-to-male transsexuals," M. Fleming, et al., *Archives of Sexual Behaviour* 1985 Feb; 14(1): 47-55.

"Psychotherapy with transsexuals: do we need a new approach?" Jane Price, *Journal of Contemporary Psychotherapy* 1985 Spr-Sum; 15(1): 5-19.

"Anonspecific disturbance of the gonadostat in women with transsexualism and isolated hypergonadotropism in the male-to-female disturbance of gender identity," K. Kula, et al., *Experimental Clinical Endocrinology* 1986 Jun; 87(1): 8-14.

"Histological changes in the genital tract in transsexual women following androgen therapy," N. Miller, et al., *Histopathology* 1986 Jul; 10(7): 661-9.

"Effects of androgens on the ovary," letter by W. Futterweit, L. Deligdisch, *Fertil Steril* 1986 Aug; 46(2): 343-5.

"Physical and hormonal evaluation of transsexual patients: a longitudinal study," P. A. Walker, et al., *Archives of Sexual Behaviour* 1986 Apr; 15(2): 121-38.

"The female mid-life sex change applicant: a comparison with younger female transsexuals and older male sex change applicants," *Arch Sex Behav* 1986; 15(5): 401-15.

"Surgery in transsexuals," S. M. Lim, Annual Academy of Medicine of Singapore 1986 Jan; 15(1): 122-6.

"The use of andriol in treatment of androgen deficiency in transsexual women," R. Hampl, et al., Journal of Steroids & Biochemicals 1986 Jan; 24(1): 349-52.

"Endocrine evaluation of 40 female-to-male transsexuals: increased frequency of polycystic ovarian disease in female transsexualism," W. Futterweit, et al., Archives of Sexual Behaviour 1986 Feb; 15(1): 69-78.

"Technique for phalloplasty," J. F. Redman, Urology 1986 Apr; 27(4): 360-2.

"The effects of long-term androgen treatment on the ovary," H. Amirikia, et al., Fertility & Sterility 1986 Feb; 45(2): 202-8.

"Histopathological effects of exogenously administered testosterone in 19 female-to-male transsexuals," W. Futterweit, L. Deligdisch, Journal of Clinical Endocrinology & Metabolism 1986 Jan; 62(1): 16-21.

"Gender identity and internalized object relations: a comparison of female-to-male transsexuals, lesbians and heterosexual women," Terrie Ann Lyons, UMI Dissertation Abstracts 1986; Publ. No. AAC8612820.

"Crossing over," Seattle Times, Aug. 3, 1986, Section K.

"A new surgical technique for phalloplasty in patients with exstrophy of the bladder," M. Edgerton, Plastic &

Reconstructive Surgery 1986 Sept: 399-410.

"One-stage reconstruction of the penis using an innervated radial forearm osteocutaneous flap," I. Koshima, et al, Journal of Reconstructive Microsurgery 1986; 3: 19+.

Bockting, Walter O. "Homosexual and Bisexual Identity Development in Female-to-Male Transsexuals," paper presented at the International Scientific Conference 'Homosexuality Beyond Disease,' Amsterdam, the Netherlands, 1987.

"Heterosexual and homosexual gender dysphoria," Ray Blanchard, et al, Archives of Sexual Behaviour 1987; 16(2): 139-51.

"Penis construction," D. A. Gilbert, B. H. Winslow, Seminars in Urology 1987 Nov; 5(4): 262-69.

"One-stage phalloplasty without sensory deprivation in female transsexuals," R. Meyer, P. J. Daverio, World Journal of Urology 1987; 5: 9+.

"New concepts in phallic reconstruction," D. A. Gilbert, et al, Annals of Plastic Surgery 1987 Feb; 18(2): 128-36.

"Transsexual surgery in the genetic female," D. Gilbert, et al, Clinics in Plastic Surgery 1988 July; 15(3): 471-87.

"Phallic reinnervation via the pudendal nerve," D. A. Gilbert, et al, Journal of Urology 1988 Aug; 140: 295-99.

"A journey across lines of gender," John Johnson, Los Angeles Times, July 25, 1988.

"Psychosocial differences between Dutch male and female transsexuals," A. M. Verschoor, et al, Archives of Sexual Behaviour 1988 Apr; 17(2): 173-78.

"'Heterosexual' Prior to Sex Reassignment - 'Homosexual' Afterwards: A Case Study of a Female-to-Male Transsexual," E. Coleman, W. Bockting, Journal of Psychology & Human Sexuality 1988 Dec; 1(2): 69-82.

"Sexual activity and temperament in Polish transsexuals," Stanislaw Dulko, Archives of Sexual Behaviour 1988 Apr; 17(2): 163-71.

Pauly, Ira B. "Sexual Preference of Transsexuals," paper presented at the Harry Benjamin International Gender Dysphoria Association Symposium, Cleveland, Ohio, 1989.

"The classification and labeling of nonhomosexual gender dysphorias," R. Blanchard, Archives of Sexual Behaviour 1989 Aug; 18(4): 315-34.

Appendix B

FILMS

(V)= available on videotape

Vesta Tilley, the great turn-of-the-century male drag artiste, made several British films between 1900 and 1916.

A Florida Enchantment, with magic seeds that change women into men, 1914.

Lillian's Dilemma, a crossdressing mix-up, 1914.

The Amazons, starring three women who rebel against a male-dominated society when they crash an all-male club, 1917.

The Hoodlum, starring Mary Pickford as a Park Avenue snob who disguises herself as a boy to learn about slum life, 1919. Pickford also donned boy's clothes in *Poor Little Peppina*, 1915.

The Silent Accuser, with Eleanor Boardman in male attire, 1924.

Exit Smiling, with Bea Lillie impersonating a man, 1926.

Almost a Lady, a comedy-drama with mistaken identity and impersonations of the same and opposite sex, 1926.

Two Girls Wanted, with Janet Gaynor as a girl disguised as a boy to get a job in the big city, 1927.

The Crystal Cup, in which Dorothy Mackaill attends a social affair as a man, 1927.

Beggars of Life, with Louise Brooks who disguises herself as a boy and hides in a hobo camp, 1928.

Morocco, Marlene Dietrich's first American film, in which she performs in a tux (and kisses a woman full

on the lips!), 1930. Dietrich also wears men's clothes in *Blonde Venus* (1932), *Knight Without Armour* (1937), and *Seven Sinners* (1940). (All V)

Kiki, with Mary Pickford and a chorus of women in tuxes, 1931.

Caught, in which Louise Dresser portrays Calamity Jane, 1931.

Queen Christina, with Greta Garbo as the 17th century Swedish heroine with a penchant for male attire, 1933.

Wild Boys of the Road, the story of a girl traveling as a boy to avoid arrest for a murder in self-defense, 1933.

Girls Will Be Boys, starring Dolly Haas as a girl who posed as the grandson of a misogynist, 1934.

She Loves Me Not, features Miriam Hopkins disguised as a male student, aided by collegiate Bing Crosby, 1934.

Sylvia Scarlett, starring Katherine Hepburn as a female-to-male crossdresser, 1936. (V)

As You Like It, Shakespeare's comedy in which Rosalind, the duke's daughter, poses as a shepherd boy, 1936. (V)

Wings of the Morning, the story of a reincarnated woman who disguises herself as a boy, starring Annabella, 1937.



Above, Katherine
Hepburn in *Sylvia
Scarlett*,
Right, Katherine
Hepburn takes a
break on the set of
Sylvia Scarlett



Sullivan's Travels, with Veronica Lake disguised as a male hobo, 1941.

National Velvet, in which Elizabeth Taylor disguised herself as a male jockey, 1944. (V)

The House on 92nd Street, with Signe Hasso as "Mr. Christopher," 1945.

A Song to Remember, biography of Chopin with Merle Oberon as his lover, Mme. Dudevant, a.k.a. the French novelist George Sand, 1945. (V)

Cloak and Dagger, a Fritz Lang thriller with Lilli Palmer as an Italian partisan disguised as a young man, 1946.

Montana Belle, with Jane Russell as the crossdressing outlaw Belle Starr, 1952.

The Magician, with Ingrid Thulin passing as her husband's male pupil, 1959. (V)

Pope Joan, with Liv Ullmann, 1972.

Victor/Victoria, a delightful comedy starring Julie Andrews as a woman who impersonates a man crossdressing as a woman, 1982. Earlier renditions of the same story were the German version *Viktor und Viktoria* (1933), and its British re-make *First a Girl* (1935). (V)

Yentl, starring Barbara Streisand in a serious film about a woman who crossdresses as a man to join a yeshiva, 1983. (V)

A Man Like Eva, a German film with Eva Mattes as a male film director in a loosely adapted biography of



Eva Mattes in
A Man Like Eva



Barbara Streisand in *Yentl*

Rainer Werner Fassbinder, 1983. (V)

What Sex Am I?, an HBO documentary with equal time on the female-to-male transsexual, 1984.

Her Life as a Man, in which Robyn Douglass crossdresses in order to be hired as a sportswriter, 1984. (V)

Just One of the Guys, with Joyce Hyser who crossdresses as a boy in hopes of winning a high school contest, 1985. (V)

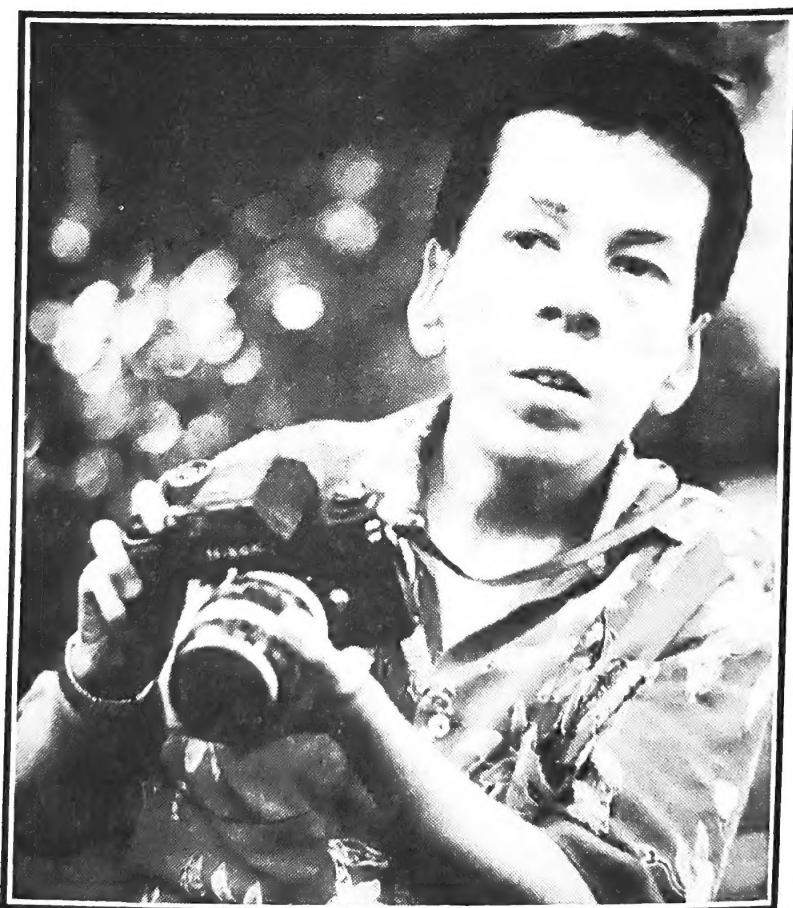


Joyce Hyser in *Just One of the Guys*

Something Special, in which she becomes a he through magic powder and a solar eclipse (based on the story "Willy Nilly," by Alan Friedman), starring Pamela Segall, 1985. (V)

Alexina, based on the true story of a 19th-century French hermaphrodite, 1985. (V)

The Year of Living Dangerously, 1983. Linda Hunt won an Oscar for Best Supporting Actress for her role as a man named Billy Kwan. (V)



Linda Hunt as Billy Kwan in *The Year of Living Dangerously*

Second Serve, undoubtedly the best portrayal of a man by an actress on film. The story of a male-to-female transsexual, Vanessa Redgrave's performance as Dr. Richard Radley is flawless, 1986.

...*She Even Chewed Tobacco*, a 45-minute tape-slide show of women who passed as men in early San Francisco, produced by Dr. Estelle Freedman and Liz Stevens. Distributor: Iris Films (415) 549-3192. Or write The San Francisco Lesbian & Gay History Project, Box 1653, San Francisco CA 94103.

Vera, the "coming out" story of a female-to-male transsexual. This Brazilian film (in Portuguese with English subtitles) stars Ana Nogueira, who won the Best Actress Award at the Berlin Film Festival for her role, 1987.

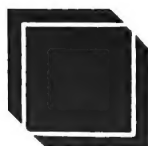
Aida, with Theresa Russell as King Zog of Albania in the first vignette, "Un Ballo in Maschera," 1983. (V)

Tucker and the Horse Thief, 45 mins.

"...if, by concealing our sex we find that we, too, can roam up and down the earth in safety, we shall keep our womanhood a profound secret."
Elizabeth Cady Stanton, 1869

THE HANDBOOK TO ADDRESS THE NEEDS OF THE FEMALE-TO-MALE

- CROSSDRESSING
- PASSING AS A MAN
- MALE HORMONES
- SEX REASSIGNMENT
- DOZENS OF TRUE STORIES
OF FEMALES WHO CROSSED OVER



Ingersoll Gender Center *A Non-Profit Corporation*

1812 E. Madison Seattle, Washington 98122-2843
(206) 329-6651